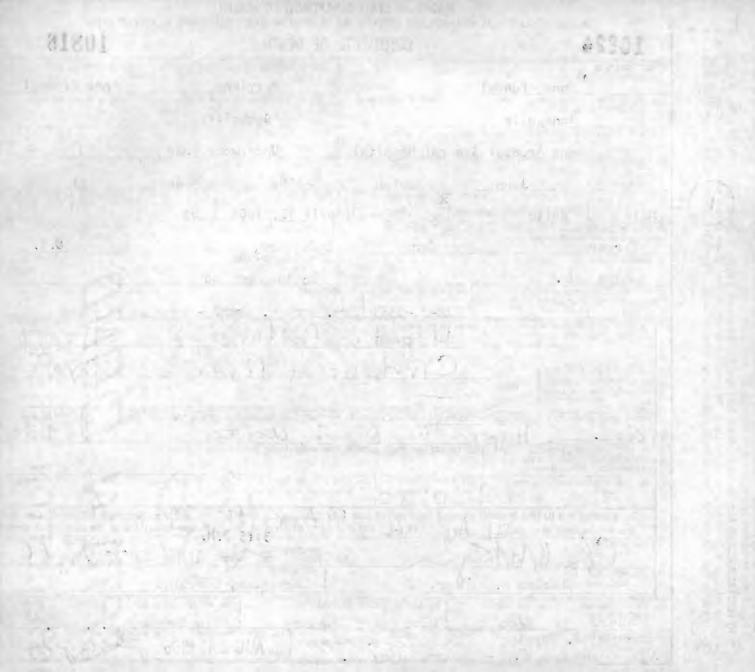
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10824 10816 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Anne Arundel Anne Arundel MARYLAND Maryland b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Gambrills 11 -Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital Underwood Road YES NO alpon a 3 NAME OF Middle Last 4 DATE Month Year Day OF DEATH August DECEASED Type or print ABEND 19 66 John Adolph emove cal IF UNDER 1 YEAR IF LINDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE I'm years 7. MARRIED NEVER MARRIED birthday) Manths Days Haurs White WIDOWED DIVORCED April 12, 1903 Male and, 100 IISUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **COUNTRY?** INDUSTRY B.S. own farm Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, Adolph Abend Iouisa Schmidt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates of service) 218-14-3353 Mrs. Anna M. Abend - same as #2 above cremotion, INTERVAL BETWEE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) the signed by the buriol-tronsit p buriat, cremotin ONSET AND DEAL PART I. DEATH WAS CAUSED BY: Dat IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO for use as the ! Health prior to b stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO Į. 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER! 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) TIME OF INJURY Manth, Day, Year Not While factory, street, affice bldg., etc.) at wark at work 196 6, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from 1 4 , and that death accorded M. from causes and an the date stated above. saw the deceased alive an 22g. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN Kirker, MD NAME (Type) Charles W. Edgewater, Maryland directar, should by 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 8/24/66 Glen Haven Cemeterv Glen Burnie 2Sb. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR Hopping VR A15 (4) 8 Charles 1986 HOPPING FUNERAL HOME -20 M 1/66 Annapolis



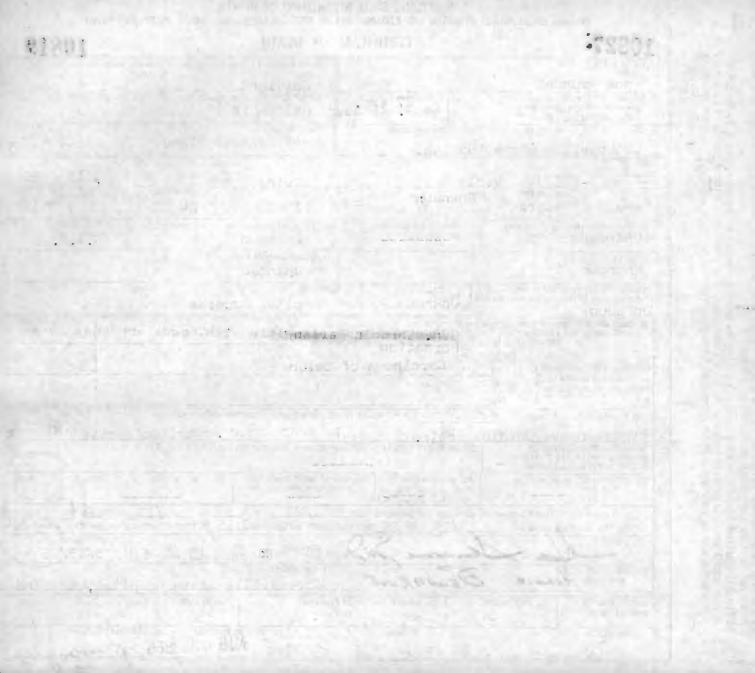
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10817 requires that the death certificate be executed within 24 haurs after death and death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH filled in by the funeral o. COUNTY o. STATE b. COUNTY b. CITY OR TOWN (If autside corporate limits, MARYLAND C LENGTH OF STAY IN 16 outside carporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) APOWIS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Linden ON A FARM? 90 capptered filled nove carbon pap YES NO Z DATE NAME OF First. Middle Day Year. DECEASED OF DEATH (Type or print) IF UNDER 1 YEAR S. SEX AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF pirthday) Months Dovs Hours remov DIVORCED WIDOWED and in any and 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done during most at working life, even if retired) MOUSTRY COUNTRY? MILDING 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending physiburial-transit permit. Then pleurial, cremation, ar remayal, 16. SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no ortugknawn) (If yes give war ar dates of service NURSING -18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause has been the prior to last. PHYSICIAN: The law WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) be detached for use State Dept. of Health NO O FUNERAL DIRECTOR: After this certificate by the hospital ar 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Manth, Day, Year Hour a.m Nat While factory, street, affice bldg., etc.) at work O HOSPITAL OR ATTENDING Page 4 may be retained by th at work 8-13 . 1966 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from. 19 Cas. to director, page 3 shauld shauld be filed with the 8-10 1966, and that death accurred at 8 P.M. fram causes and an the date stated above. the deceased alive an 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR PHYS. 22d ADDRESS NAME (Type) BAUK NAME OF CEMETERY OR CREMATORY OCATION (City or Town) (Stote) 23a. BURIAL, CREMATION BURY 2Sb. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 1966

MISSIN The WHILLER Building 180103 CACCINOTA OF BLADDER 2 51-8 30 2-8 9-281-8 EDUADO S. BECK, PRANKINI ST. ETTERNE BYEND HEBURY Henois HA ME. Committee of the Commit

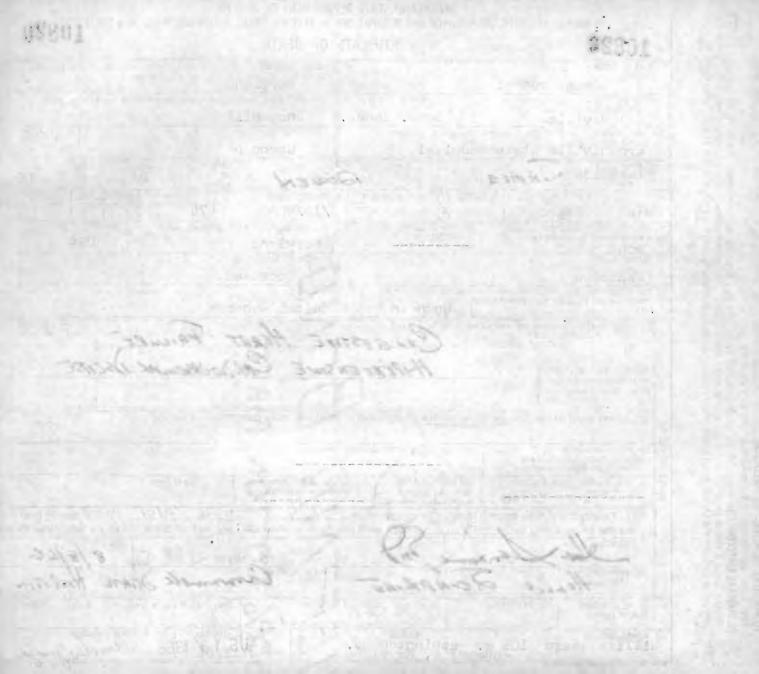
1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
funeral and 2 creath.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. STATE b. COUNTY b. COUNTY
in by the s. Pages 1 hours after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town
itely filled in soon papers. within 72 hou	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  204 W. 10 - Ave.  34 Nicholson DR. YES NOTE
event, withi	NAME OF DECEASED (Type or print)
au	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HR   last birthday) Months Days Hours Min yes.
please I, and	Da. USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR INDUSTRY)  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME
Then	3. FATHER'S NAME  Ocas L. Brown  14. Mother's Maiden Name  Emero Meyory  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16, SDCIAL SECURITY ND. 1 17. INFORMANT  Address
a 5.5	Yes, no, or unknown) (If yes give war or dates of service) Family
retained by the hospital or attending physician.  CTOR. After this certificate has been signed by the attending phesion in the State Dept. of Health prior to burlal, cremation, or removal with the State Dept. of Health prior to burlal, cremation, or removal	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  DUE TO
noing physicial been signed the burial-tra or to burial, cr	Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO
certificate has be hed for use as the continuous to the second to the se	
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Sta	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   20mm,
3 should be detac	21. I certify that (i) (this hospital) attended the deceased from
page filed v	M.D. ATTENDING MED. STAFF   8/8/66
rage 4 may be retained from the director, page 3 should be filed with the	NAME (Type) Samuel Rubin, M.D.  Baltimore, Md. 21225  3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
0 3	124. FUNERAL DIRECTOR  ADORESS  ADORESS  ADORESS  ADORESS  ADORESS  ADDRESS  ADDRESS
1/65	McCully tuniol ine of 1 That apple day   DATE HOU I 1000 f

di 2 E THE THE GOLD 1 4 days 11 Walling 5215 11.00 11.55 150 - 1 The state of the s 

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10827 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY G. STATE b. COUNTY Anne Arundel MARYLAND filled in by the fu papers. Pages 1 b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 Gmos. 26 davis Baltimore Crownsville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 949 Bennett Place Crownsville State Hospital YES NO X NAME OF nove carbon First Middle Last 4. DATE Month Day Year DECEASED OF 8 1966 (Type or print) 3-#06234 Viola DEATH Bivins IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED remove Female birthdoy) Doys Hours Negro 1902 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during https://www.sing.file, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ( nen please INDUSTRY COUNTRY? A. Unknown 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates of service) 10 Unknown Hospital Records Unknown 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (r).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p Gen. Chronic Peritonitis with Focal Abscess ONSET AND DEATH IMMEDIATE CAUSE (a) Formation DUF TO Carcinoma of Colon Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying couse prior ta l the this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? Generalized Arteriosclerosi Hypertensive Cardiovascular Disease for 20o. ACCIDENT WAS UNDERLYING [ 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item IB.) the haspital OR CONTRIBUTING L'I CAUSE DE DEATH 함 detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) . 19\_39, ta\_ 21. I certify that (I) (this haspital) attended the deceased fram... 8/19 , 1966, that (I) (we) last be retained shauld 19 66, and that death accurred at 5:15 M, fram couses and on the date stated above. O FUNERAL DIRECTOR: 8/19 sow the deceosed olive on, 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 8/19/66 PHYS. be filed 22d. ADDRESS 22c. PHYSICIAN'S EUNARINE NAME (Type) Crownsville State Hospital Maryland director, shauld 23g. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME/OF CEMETERY OR CREMATOR' 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR REC'D'BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. funeral I and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE Maryland o. COUNTY b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 5mos. 14das. Snow Hill Crownsvi filled in 1 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Crownsville State Hospital Unknown YES NO pon First Middle Lost 4. DATE Month Doy Year completely DECEASED#31343 OF 8 8 66 DODEN 19 (Type or print) DEATH IF UNDER 24 HRS. IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED birthdoy) Months Doys Hours 3/15/90 any Male Negro WIDOWED DIVORCED ono 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY pleose INDUSTRY and Maryland None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayol, Deceased Deceased 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service 0 Hospital Records Unknown cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) ONSET AND DEATH -tronsit PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO signed buriol-tr Canditions, if any, which gove rise to immediate couse (a). DUE TO ottending | as the prior tal stating the underlying couse has been lost. WAS AUTOPS? PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION Heolth NO this certificate 200. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Not While of work 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1966 be retained and that death occurred at 10 M. from couses and on the date stated above. O FUNERAL DIRECTOR: saw the deceased alive on. 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** M.D. PHYS. DIRECTOR \_PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 10 director, Should | 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d/ LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) REGISTRAR'S SIGNATURE 250. REC'D, BY REGISTRAR 2Sb. 24. FUNERAL DIRECTOR 108 W. Weshington St. Annapolis, Maryland William Reese 20 M



	10829 Items #0 % Film	S, 301 W. PRESTON STREET, BALTIMOR	10821
	I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If insti	tution: Residence before adn
	Anne Arundel MARYLAND	b. COUNTY Maryland	Caroline
_	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write Rt.	
	write RURAL and give nearest town) Glen Burnie 7 weeks	B 1 3 1	
	Glen Burnie 7 Weeks d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	f'ederalsburg d. STREET ADDRESS	. e. IS RES
		G. STREET PRODUCTS	ON A
	1028 Fitzallen Road	211 Central Avenue	YES T
J	DECEASED	Lest 4. DATE Month OP	Day Year
	(Type or print) Ruth C.	Brown DEATH August	
	5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8	DATE OF BIRTH 1899   9. AGE (In years IF lest birthday) M	
	Female White WIDOWED DIVORCED	18 Nov. 1898 44 67 yrs. "	onths Days Hours
	100. USUAL OCCUPATION (Give kind of work   106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT CO
	done during most of working life, even if retired) Housewife Oun Home	Gambrills, AA Co., Md.	USA
-	33. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	, 00/1
	Charles W. McNemar	Fitto W Throughout	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	Etta H. Turnbaugh	
	(Yes, na, ar unkown) (Ifyesgivewerordetesofservice)		
,	no   229-36-2342 Mr	's. Pauline Howard, same as	
	18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART J. DEATH WAS CAUSED BY:	C '	INTERVAL BETY ONSET AND D
	IMMEDIATE CAUSE (a)	watosis	- 7 year
	1130 DUE TO		
		malosis	
ı	geve rise to immediate cause (a), stating the underlying  DUE TO		
	couse lest. (c)		
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING  200. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING  CAUSE OF DEATH OF THERE, NOTIFY MEDICAL EXAMINER		YES T
4	200. ACCIDENT WAS UNDERLYING   1 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Perl I or Pert II of item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH	- Trues and the last to the true to the tr	
		CE OF INJURY (Home, farm, 20f. (City or town)	(County) (
	Hour a.m. While Not While fed	ory, street, office bldg., etc.)	(20011)
	7		
	21. I certify that (I) [IMX JOSEPA) ettended the deceased from.	Tune 20, 1966, 10 10 Aug.	, 19.66 that (I) (
	saw the deceased alive on 1966, and that	death occurred at 15 M from the causes and	on the date stated
	22a. SIGNATURE	ATTENDING MED STAFF	226.
	Robert Oaboling M	.D. PHYS. I DIRECTOR PHYS.	11 Aug., 66
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME (Type) Robert Dabolins, M.D.	400 Crain Hwy., N.W., Gl	en Burnie. M
	236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY		
	REMOVAL (Specify)		342
ŀ	Burial 13 Aug. 1966 Baldwin Men 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	wrial Millersville,	
1	Kirkley Funeral Home, Glen Burnie, Md.	ALLO 4	Charles Jud



	DIVISION OF ST		YLAND STATE DE ARCH AND RECORDS			IMORE 1. MA	RYLAND
	10830			E OF DEATH			10822
P ) A	PLACE OF DEATH a. COUNTY NNE ARUNDEL CO		MARYLAND		yland b.	COUNTY	ce Georges
	b. CITY OR TOWN (if outside write RURAL and give ne	e corporate limits, arest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If C	outside corporate limi	its, write RURAL ar	nd give nearest town)
	d. NAME OF HOSPITAL OR IN	ISTITUTION (If not In h	ospital, give street eddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	KIMBROUGH ARMY	HOSPITAL	FT. GEO. G. ME	DE 104 MC	RRIS DRIVE		
	NAME OF DECEASED (Type or print)	<i>}}</i>	ANN Middle CAMP	EII.	4. DATE OF DEATH AL		19 66
5.	FEMALE WHI	CE WIDOWED	DIVORCED	B. DATE OF BIRTH	last birti	nday) Months D yrs.	YEAR IF UNDER 24 HRS
duri	. USUAL OCCUPATION (Give kin ling most of working life, ever N/A	d of work done 10b. K	NO OF BUSINESS OR NOUSTRY N/A	ANNE ARUNI		country) 12. CIT COU US	IZEN OF WHAT NTRY? A
13.	FATHER'S NAME EDSEL G. CAMP	ELL		14. MOTHER'S MAIDI CHRISTLA	NE VINCENT		
15. (Ye	WAS DECEASED EVER IN U.S., s, no, or unkown) (If yes give wa	ARMED FORCES? 16. ar or dates of service)		INFORMANT (fat	TIGT A	Address as item #	2
	PART I. DEATH WAS CA IMMEDIAT Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO  DUE TO  CO  CO  CO  CO  CO  CO  CO  CO  CO	ine for (a), (b), and (c).1 IRATORY AND CA				INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT  20a. ACCIDENT WAS UNDER OR CONTRIBUTING [] CAUS (IF EITHER, NOTIFY MEDICA	LYING 20b.	DESCRIBE HOW INJURY OCC				PERFORMED? YES NO
MEDICAL	20c, TIME OF INJURY Mor Hour a.m. p.m.	While at worl	Not While at work	CE OF INJURY (Home, far ury, street, office bldg., et	c.)		
	21. I certify that (I) saw the deceased aliv	this kondited attende on 2120 ALG	ed the deceased from 15 19 19 , and tha		166, to 2130 139M, from the ca	auses and on the	c, that (1) AWS) last date stated above
6	PHYSICIAN'S NAME (Type)	Hemoe	M. €. M.I	D. PHYS. D	IRECTOR   PHYS.		GEO. G. ME
23a		D. DATE THEREOF  Aug. 1966	Capt, MC 23c. NAME OF CEMETER ARLINGTON, NA	OR CREMATORY	23d. LOCATION (CARLINGTON,	City, town or coun	ty) (State)]]
24.		Sparce	ADDRESS 550 C	Wash DESADREC	-28-66	b. REGISTRAR'S	SIGNATURE
	7			SEE	7 1966	Marie	o judge

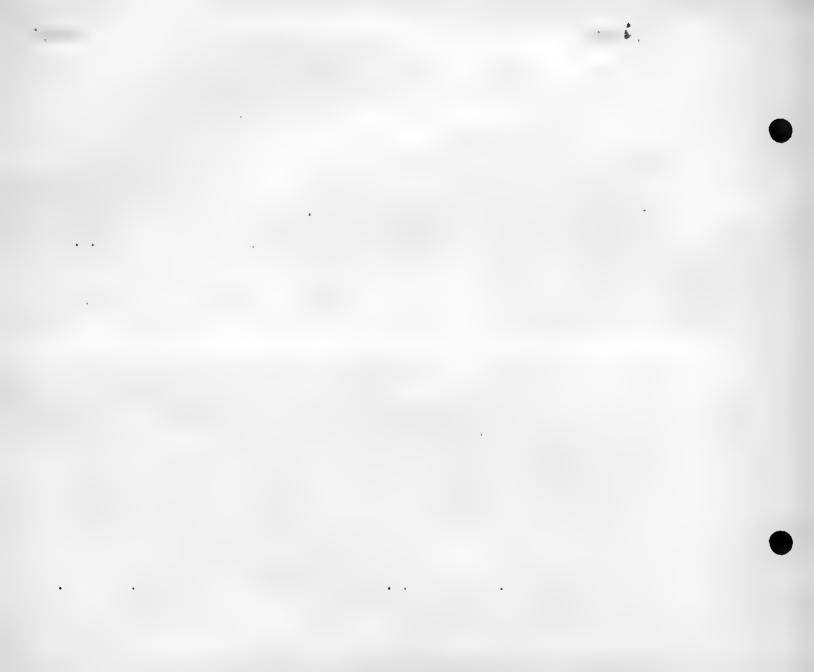


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10823 10831 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) and campletely filled in by the funeral remove carban papers. Pages II and PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Maryland Anne Arundel MARYLAND Anne Arundel b CITY OR TOWN (If guitside corporate limits. c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) RURAL-Arnold Annapolis carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM? Anne Arundel General Hospital Rt. 3. Shore Acres NAME OF Last 4. DATE Year DECEASED The Ima CASTEL DEATH (Type or print) Catherine August 9 AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HR 6 COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH 1914 **NEVER MARRIED** Months 1 Dovs DIVORCED September 4.1966 and in any WIDOWED Female White 180 USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (Equaty & State, or foreign Country) 12 CIT ZEN OF WHAT COUNTRY 3 during most of working life, even ,f.retyred) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar yokytowich) (If yes give wor or dates of service) 17 INFORMANT 16. SOCIAL SECURITY NO signed by the atter burial-transit permi burial, crematian, o INTERVAL BETWEEN ONSET AND DEATH TB. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO far use as the t f Health priar ta b stoting the underlying couse lost. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES X NO 20a ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Manth, Day, Year factory, street, affice bldg, etc.) Hour a.m. Not While of work at work O FUNERAL DIRECTOR: After 196 ( that (1) (we) lost 21. I certify that (1) (this haspital) attended the deceased fram\_\_\_\_ M from tauses and an the date stated above. and that death accurred at saw the deceased alive on 22b. DATE SIGNED 220. SIGNATURE ATTENDING M.D. PHYS DIRECTOR 22d. ADDRESS PHYSICIAN'S NAME (Type) Magrice Klawans 317 Southqate Ave. Annapolis, Md directar, shauld b 230 BURIAL, CREMATION, REMOVAL (Specify) 286. DATE THEREOF 23 NAME OF COMETERY OR EREMATORY (County) (State) 24 FUNERAL DIRECTOR DATE 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10832 CERTIFICATE OF DEATH CV death 24 haurs after death filled in by the funeral papers Pages I and 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission 1. PLACE OF DEATH o. COUNTY b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (f outside corporate imits, c. LENGTH DE STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Annapolis Annapolis d NAME OF HOSPITA OR INSTITUTION (If not in hospital give street oddress)

Dead on arrival e IS RESIDENCE ON A FARM? d STREET ADDRESS 19 Bloomsbury Square YES NO Arundel General Hospital requires that the death certificate be executed within 3 NAME OF DATE Middle Lost Doy Year completely DECEASED CATTERTON Rita 19 1966 DEATH August (Type or print) remove test remaval, and in any event IF JNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7 MARRIED **NEVER MARRIED** birthdoy) Months Doys Hours Jan. 13. Female White WIDOWED DIVORCED and 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR & State or foreign country) 12 CITIZEN OF WHAT lease COUNTRY? during impst of working the avea if returned Maryland 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 17a INFORMANT 15 WAS DECEASED EVEN NUS ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service ö crematian. 18. CAUSE OF DEATH (Enter only one couse per INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) burial, Conditions, if any, which gove rise to immediate couse (o), DUIT TO stating the underlying couse as the to FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT be detached for use State Dept. of Health Litolea YES NO TY the haspital ar 200 ARTIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (City or town) (State) 20e PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour om foctory, street, office bldg., etc.) Not While of work ot work 1950 . 10 19/5 that (1) (3478) lost 21. I certify that (1) (this knownth) oftended the deceased fram. be retained 19 656, and that death occurred at M, from causes and an the date stated above saw the deceased alive an 22b. DAJE SIGNED 228 SIGNATURE STAFF ATTENDING M.D PHYS. DIRECTOR PHYS. director, page shauld be filed 22d, ADDRESS 22c. PHYS.CIAN'S NAME (Type) F. Verkouw, M.D. Forest Drive, Annapolis, Md. Peter DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d AOCATION (City or Town) (County) (Stote) BURIAL-CREMATION. 256. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR VR A15 (4) 1966 20 M 1/66



1083	A TAISICAL R	CERTIFICAT	E OF DEATH	, BALTIMORE 1, MARY	1182
1. PLACE OF •. COUNTY	DEATH PARIE ROLL	n) N r /	2. USUAL RESIDENCE (Where dec	eased lived, If Institution Residence b. COUNTY	before adm
b. CITY OR	TOWN (if outside corporate limits, ) IRAL and give poperate town)	c. LENGTH OF STAY IN 16	c. CITY OR JOWN (If outside corpo	rete limits, write RURAL end give ne	CO.
d. NAME O	F HOSPITAL OR INSTITUTION (IF no	I in hospital, give street acciress!	d STREET ADDRESS	<b>)</b>	e. IS RES
BAY 19	ANOR NURS	ING HOME	Lesi 4 DATE	Month Day	YES T
DECEASE!	HARRY	C. C.	HANEY DEATH	8 21	19 6
5. SEX	1//	MARRIED NEVER MARRIED B		AGE (In yeers IF UNDER 1 YEAR Months Deys	Hours
10a. USUAL O	CCUPATION (Give kind of work ost of working life, even if retired)	106 KIND OF BUSINESS OR INDUSTR	RY 11 B RIHPLACE (County & State or f	ore gn country)   12. CITIZEN OF	WHAT
13. FATHER'S	AAME 11	DULLDING	14 MOTHER'S MAIDEN NAME	U, J	. 77
	BERT CH		INFORMANT A	DN9	
N	(SWn) (If yes give war or dates of service) SE OF DEATH (Enter only one cau	The state of the s	IZABETH CHAN	EY #2	RVAL BET
	I. DEATH WAS CAUSED BY:	Cardiae aunt,		ONS	ET AND E
Conditions	if ony, which	utrim bestie ca	dimanda dissan	10	Mar .
gave rise to (a), stating	o immediate ceuse g fhe undarlying	or			100
PART I	(6)	S CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE O	ONDITION GIVEN IN PART 1(a) 19	. WAS A
E 20a. ACCII	DENT WAS UNDERLYING FT 20	b. DESCRIBE HOW INTERY OCCURED	). (Enter nature of in ury in Pert I or Pert II.	of tem 18.)	s 🗀_
	IBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER	Tag I NIMIRY OCCUPATE AG AL	or or hallow the section and Total	or town) (County)	
V 1	OF INJURY Month, Dey, Yeer ra.m. 19		ACE OF INJURY (Home, farm, 20f. (City fory, street, office bldg., etc.)	or town) (County)	
		altended the deceased from.	1 0	the causes and on the date	
22e. SIGN		The same and man	ATTENDING MED	STAFF	226
22c PHYS	TCIAN'S TILL I	, , , , , , , , , , , , , , , , , , ,	D. PHYS DIRECTOR 22d. ADDRESS	PHYS.	trite
23e. BURIAL	CREMATION 236 DATE THEREOF	DERHAN 1236 NAME OF CEMETERY	OR CREMATORY 23d, LOCA	TION (City, town or county)	リ. [§
TRUE	141 8-24-6	6 HSBURY	Hen	WhD	M
John 1	July 10 4 Sow	L'ADDRESS Principolis	MA PATE AUG 23	1966 Actionles	Judy
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Anne Arundel Maryland Anne Arun del MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Annapolis c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) 型型 42 yrs. Annapolis .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street eddress) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 413 Chesapeake Ave. Chesapeake Avenue NOXIX YES within completely carbon NAME OF First Middle Lest DATE Month Day DECEASED EVA MMN CHASE (Type or print) DEATH 19 66 Aug. 5. SEX and car remove 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) Female Negro Months Davs Hours Aug 12-1896 WIDOWED F DIVORCED [ physician and physician please revenue val, and in a 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 9 during most of working life, even if retired) INDUSTRY COUNTRY? \*\*\*\*\*\*\*\*\* Waitreas Phil. Pa. U.S.A The law requires that the death certificate 13. FATHER'S NAME attending phy rmit. Then p n. or removal, 14. MOTHER'S MAIDEN NAME James Barnes Hanna 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the attenthe burial-transit permit. Ńο Unknown Robert Chase-413 Chesapeake Ave. Anna Md CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate hise for use to Health p PERFORMED? NO T YES I PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) etached f Dept. of OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) e de factory, street, office bldg., etc.) Ноиг а.т. While Not While at work at work p.m. OR ATTENDIN ъ 21. I certify that (I) (this hospital) attended the deceased from \_ that (I) (we) last 3 should with the and that death occurred all saw the deceased alive on \_M, from the causes and on the date stated above. 22a. SIGNATUBE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR PHYS. Page 4 may Pag O FUNERAL director, pa PHYSICIAN'S ADDRESS NAME (Type) 23b. DATE THEREOF BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) Buria (Specify) Bestgate Rd. Anna. Md. Sept. Pine Lawn 24. FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS 25b. C.E.Hicks 111 Annapolis, Md. VR AIS DATE 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY after MARYLAÑO b. CITY DR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOW (if outside corporate limits, write RURAL and give nearest town) write, RURAL and give gearest town) hours NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled bon papers within 72 d. STREET ADDRESS IS RESIDENCE ON A FARM? within letely NAME OF 3. First DATE ddie Last Month 4. Dav DECEASED OF DEATH 6 (Type or print) 19 6. COLOR DR RACE 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Hours and 11/24/87 any WIDDWED S DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done, 10b. KIND OF BUSINESS OR physician in please r 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT dueing most of working life, even if retired) þ INDUSTRY VIRGINIA certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME removal attending parmit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. INFORMANT Address 10 death (Yes, no, or unkown) (If yes give war or dates of service) Ruth H. Pasadena, Md. 215056567 18. CAUSE DF BEATH [Enter only one cause per line for (a), (b), and (c). I in signed by the burial transit ( burial, cremat INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) hospital or attending physician. 1- 4 DUE TO omalacia. Cenditions, If any, which been gave rise to immediate the the DUE TO cause (a), stating as th prior underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health certificate PERFORMED? YES X NO [ 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 1) of Item 18.) I be detached State Dept. of OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 3 should be "ith the Hour 8.0 While Not While at work at work 21. I certify that (I) (this hosoital attended the deceased from 96 b. that (I) (we) last DIRECTOR: Jage 3 should lied with the and that death occurred at 27/M, from the causes and on the date stated above. deceased alive or 22b. DATE SIGNED page Page 4 may 1 DIRECTOR TO FUNERAL director, pa HYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) REMOVAL (Specify) BALTIMORE, MD. 8/26/66 BALTIMORE NATIONAL CEM. RECISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR | 25b. FUNERAL DIRECTOR 4107 WILKENS AVE. 21229 HUBBARD HOWARD H. VR A15 (4) 20M 1/65



£ 1 .

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10837 requires that the death certificate be executed within 24 haurs after death. and campletely filled in by the funeral e remave carbon papers. Pages 1 and in any event, within 72 hours after deaf 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (If outside carporate I m'ts, write RURAL and give nearest tawn) c CITY OR TOWN (If outside carparote fimits, write RURAL and give negrest tawn) c LENGTH OF STAY IN 1b Annapolis Life Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e IS RES DENCE ON A FARM? 79 W. Washington St., Anne Arundel General Hospital NO XXX 3 NAME OF 4 DATE First Lost Year DECEASED (Type or print) 66 COOPER August 19 Catherine DEATH Made4ine 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE AGE (In years 7 MARRIED NEVER MARR ED Months Female Negro WIDOWED Oct. 22, 1898 D+VORCED. 10a JSJAL OCCUPATION (G.ve kind of work done during most of working life, even if retired)

Domestic

13. FATHER'S NAME 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR COUNTRY ? Anne Arundel Maryland 14. MOTHER'S MAIDEN NAME ar removal, Henrietta Frve John Cooper 1S. WAS DECEASED EVER IN D.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Annapolis, Md (Yes, no, or unknown) (If yes a ve war or dates of service) 215-24-9801 Miss Vonitta E. Sumner 79 W. Washingt crematian, INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. by the transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause has bre PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS'
PERFORMED? s dialetes melli tuo NO O FUNEKAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While at work at wark 21. I certify that (I) (INDEXISTICAL) attended the deceased fram\_ , 19 to Aug. 4. 1966, that (1) (NOS) last 1966 , and that death accurred at\_\_\_\_ \_M, fram causes and an the date stated above. saw the deceased alive an Aug. L. 22a. SIGNATURE 22b. DATE SIGNED STAFF **ATTENDING** M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 1407 Forest Drive, Annapolis, Md. Peter F. Verkouw, M.D. 23d LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION (County) (State) REMOVAL (Specify) Burial Md 8/8/1966 Asbury church Annapolis 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) DATE AUG " landen 1986 C.E. Hicks. 111 Annapolis.Md



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b-county imore Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b 2 days Baltimore Crownsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET AODRESS papers in 72 ON A FARM? Crownsville State Hosoital 901 St. Paul Street YES T NO X and completely tremove carbon p The law requires that the death certificate be executed within 3. NAME OF First Middle Last DATE Year DECEASEO (Type or print) #33061 A. Bernadine ADO Crosby 8 19 66 DEATH 5. SEX AGE (In years | IFUNDER 1 YEAR) IFUNOER 24 HRS. 6. COLOR OR RACE DAME4OF BIRTH 7. MARRIED X NEVER MARRIED last birthday) Months Cays 8/16/04 Female White WIDOWED F DIVORCEO [ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) E 10b, KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INOUSTRY -- Tiralla-Go. COUNTRY? Underpixer Maryland JOXXXXXXX Seamstress 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William E. Carter Hakaqua Schweikert 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [([fyes give war or dates of service)] 16. SOCIAL SECURITY NO. I 17. INFORMANT been signed by the att the burial-transit permi or to burial, cremation, o Hospital Records Unknown 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN ONSET AND OBATH Acute Myocardial Infarction? PART I. DEATH WAS GAUSEO BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Coronary Arteriosclerosis Conditions, If any, which gave rise to Immediate **OUE TO** cause (a), stating the underlying cause last. 33 WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X YES [ 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour\_a.m. While at work Not While at work 21. I certify that (I) (this hospital) attended the deceased from o 8/23/ 19 66, that (I) (we) last 1966\_ to\_ 3 should with the B: 15, from the causes and on the date stated above. and that death occurred at saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED TO FUNERAL DIRE director, page should be filed v MED. STAFF PHYS. 8/24/66 M.D. Page 4 may PHYSICIAN'S 22d. ADDRESS NAME (Type) Benedict. Grownsville State Hospital, Maryland BURIAL, CREMATION, 23b. OATE THEREOF BURIAL (Specify) 8/27/66. 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) Baltimore, Md. New Cathedral Cemetery REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a. Leonard J. Ruck Inc. Balto. Md. 21214 VR AI5 (4) 20M 1/65



1	Division of	MARY STATISTICAL RESEARCH		PARTMENT OF HE		YIAND 21201
FOR STATE	10839			CERTIFICATE OF	•	10830
HEALTH DEPT.	1 PLACE OF DEATH			2 USUAL RESIDENCE (W	here deceased lived if inst	itutian Residence befare admiss an)
N & W /4	a COUNTY		11.6510.6110	o STATE	b C	OUNTY
Page 1	ANNE ARUNDEL	ato Laute La El	MARYLANO NGTH OF STAY IN 16	Maryland		ne Arundel  RURAL and give negrest fawn)
delay and 3 13. Pa ment ir deat	b (ITY OR TOWN (If outside corpor write RURAL and give neorest to	awn)	ACTUAL DE STATE DE 10	COLL OK IDAM (IL OCI	s de corporare limits, write	KUKAL and give nearest lawn)
uny delay is , 2, and 3 ta n PM3. Paga Pepartment at	Arnold		Life	Arnold		
f any delay 1, 2, and 3 m PM3. Pa Department rs after dea	d NAME OF HOSPITAL OR INSTITUT	ON (It nat in haspital, give stre	eet address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
- S	Rte. #3 - Box	88		Rte. #3 -	Box 8	YES NO
- O - / O - 1	3 NAME OF DECEASED	First	Middle	Last		anth Day Year
de Para ( Table )	(Type or print)	JAMES	Norman	DANTELS	OF DEATH	8- 15 19 66
after d 8 Give alang v with th	S SEX 6 COLOR OR	RACE 7 MARRIEO	NEVER MARRIED X	8 OATE OF BIRTH	9 AGE (In years	
	Male Color			3-3-1953	lost birthdoy	
haurs Item 18 Office and 2 v	10a USUAL OCCUPAT ON (Give kind of w	ark dane 10b K NO OF		II BIRTHPLACE (State o		12 CITIZEN OF WHAT
24 h in Ite r's O r's O Iny e	during mast of warking life leven fretre Student	ed) FNOUSTRY		Panne	sylvania	COUNTRY? U.S.A.
hin 24 nr.l in nr.ner's pages l	13. FATHER'S NAME			14. MOTHER'S MAIDEN NA		Uabada
I within 24 haurs in penc.l in Item 1 Examiner's Office File pages land 2 and in any event	T7 * D *-	۳				
d with the Exam File and	Julian Danie 15. WAS DECEASED EVER IN U.S. ARMEO	EDRIESS I IV COLIN	SECURITY NO. 17.	Lillie Ma	e Berry	drace a management
of all,	(Yes no, ar unknawn) (If yes give war	ar dates af service)				dress Arnold, Md
xecutec nding i Medical permit. moval,		*** Non	9	Illie Mae	Daniels Rt	
e execution pending' ef Medical Isst permit	1B. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED	DV				INTERVAL BETWEEN ONSET AND DEATH
tans	IMMEDIA	TE CAUSE (0) Guns	shot wound o	of head		
shauld be e ne ward 'per a the Chief ! bural-transit mation, ar re	176 X	DUE TO				
shc e v a th a th	Conditions, if any, which gave tise ta immediate couse (a),	(b)				
d th	stating the underlying couse (	OUE TO				
vertificate sh writing the warded ta t sed as a bui urial, crema	last.	(c)				
This certificate shauld be executed within icate, writing the ward "pending" in penclobe farwarded to the Chief Medical Examine! be used as a burial-transit permit. File pager to burial, cremation, ar removal, and in a	PART II. OTHER SIGNIFICANT CONE	ITTONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO	THE TERMINAL DISEASE (ONE	OITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
This critate, be far to	200 EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING CAUSE OF DEATH					YES 🔀 NO [
9.0	200 EXTERNAL CAUSE WAS PRIMARY DE CONTRIBUTING	20b OESCRIBE	HOW INJURY OCCURRED	(Enter nature of mjury in Po	art I or Port I of Item 18.)	
INER: The certification is shauld by files.  3 shauld and, prior out, prior	CAUSE OF DEATH.	Appe	rently sho	t self in hea	ad	
Short,	20c TIME OF INJURY Month, Day	, Year 20d INJRY C	CCURREO 20e PLA	CF OF INJURY (Home form.	20f (City or town)	(County) (State)
CAM te the fe 4 four age age	11:30 Max 8-15	1966 Wh e at wark	Not Whe S	rory, street, office bldg., etc.) Home	Arnold	Anne Arundel Md.
UTY MEDICAL EXAMINER: This iry, please execute the certificate leral director. Page 4 should be for your files.  RAL DIRECTOR: Page 3 should be at its designated agent, prior fa	21. I certify that I taol	charge of the remains		ld an Autopsy [X]	Inspection   Ir	nguiry , and in my opinia
To a Land	death resulted from			ide X , Hamicide	7 Section 7	
MEDIT lease directo rtained DIREC	Y /	. A		CHIEF MEDICAL E		
S d Sir	ACTUAL SIGNATURE	XICH T	, 8		AL EXAMINER 🔯	22. DATE SIGNED
JIY MEDICATY, please e eral director be retained RAL DIRECTOR RAL DIRECTOR OF ITS design		) IN CENTA	1 h	OEPUTY MEDICAL		8-15-66
DEPUTY MEDICAL EX Sessary, please execut is funeral director. Pag may be retained for y FUNERAL DIRECTOR: P	EXAMINER'S NAME (Type) RIDTGE	R BREITENECKE	R M.h		city, tawn, or county)	0-T7-00
TO DEPUTY MEDICAL EXAMINER: necessary, please execute the certi the funeral director Page 4 shauld 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 shaul Health ar its designated agent, pri	23g BURIAL CREMATION 23g		NAME OF CEMETERY OR		23d LOCATION (City or	Town) (County) (State)
70 ± ± 20 ± ± 20	REMOVAL (Specify)	-20-66 lit				
0	24 FUNERAL DIRECTOR	-20-00 1/16	Calvary 1		BY REGISTRAR 25b.	REGISJRAÇS SIGNAJURE O
VR A15ME (540)	C.E. Hicks,	lll Anna	holis Ma	DATE A	UG 23 1966	REGISTRARY SIGNATURE Judge
PINT 1100		trr amo	JOETH O	DATE 31		4 4



STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL CERTIFICATE OF DEATH and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN outside corporate limits, write RURAL and give nearest town) rs. . hours ? ۾ give nearest town) = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) tely filled you papers. within 72 h d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO DO YES The law remires that the death certificate be executed within 3. NAME OF DECEASED First Middle Last DATE Month Day 풉 and comple remove car n any event, 8 (Type or print) DEATH 5. SFX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED [ AGE (In years | IF UNDER 1 YEAR \IF UNDER 24 HRS last birthday) Months Davs Hours WIDOWED DIVORCED [ 5 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIR physicia■ (County & State, or foreign country) 12, CITIZEN OF WHAT lease and is during most of working life even if retired)

RETIRED - PORTER INDUSTRY **COUNTRY?** 70 removal, FATHER'S NAME MOTHER'S MAIDEN NAME 14. 0 ٥ 211 M 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address certificate has been signed by the attented for use as the burial-transit mermit.

t. of Health prior to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) 058050 TUD CAUSE DF DEATH [ Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 19. WAS AUTOPSY PERFORMED? YES X NO [ 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached for State Dept. of H 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (State) (County) Hour a.m. factory, street, office bldg., etc.) After While at work at work Page 4 may be retained by p.m. the 21. I certify that (I) (this hoppital) attended the deceased from TO FUNERAL DIRECTOR: director, page 3 should should be filed with the that (I) (we) last saw the deceased alive on and that death occurred at 4.2 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. 20 M.D. DIRECTOR PHYSICIAN'S director, p should be **ADDRESS** Baltimore 27 NAME (Type) RD Baltimene 12 M RTHBOURNE BURIAL, CREMATION, 23a. 23h. CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE 1/65

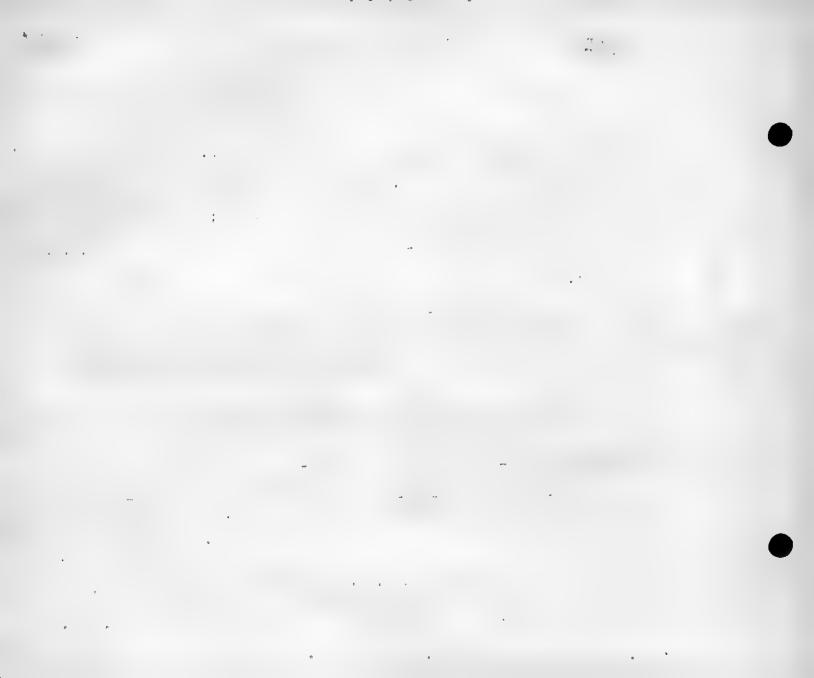
. ..

STREET, BALTIMORE 1, MARYLAND bluoda 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmiss PLACE OF DEATH a. COUNTY **b.** COUNTY write RURAL and give nearest town) completely NAME OF DECEASED (Type or print) 5. SEX AGE (In years MARRIED THEYER MARRIED last birthday) WIDOWED T 12. CITIZEN OF WHAT COUNTRY! foreign country) working life, even if relired) IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO K 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW IN, URY OCCURED, (Enter neture of mury in Pert I of Pert II of Hem IB.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) fectory, street, office bidg , etc.) Not While Hour a.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from , and that death occurred at 45 M. from the causes and on the date stated above saw the deceased alive on 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR 22c. PHYSICIAN'S Jeath. Page FUNERAL NAME (Type) 23a. BURIAL, CREMATION. (Stelle) OH H

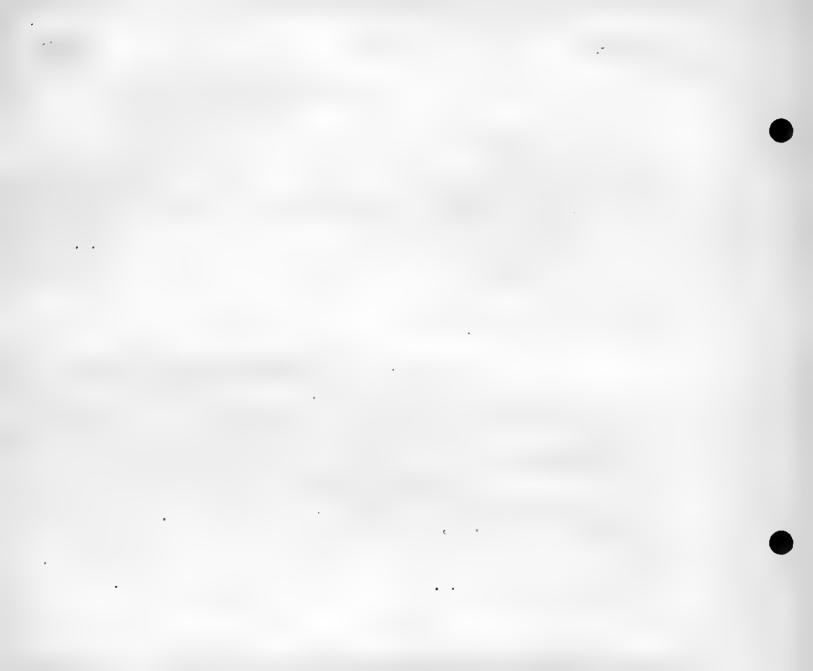
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 7 Film CERTIFICATE OF DEATH 10842 requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Anne Arundel Marvland MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Annapolis ban papers within 72 ha S RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 1302 McKinley St. . Anne Arundel General Hospital NO X 3. NAME OF Middle 4. DATE Month Lost Dov Year DECEASED OF DEATH DEARBORN. Sr. August 66 Harold 19 George (Type or print) 9. AGE ( n years IF JNDER TYEAR IF UNDER 24 HRS. S SFX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH birthdoy) Dovs Hours WIDOWED DIVORCED July 29, 1896 Male White IDo USUA, OCCUPATION (Give kind of work done 12. CIT ZEN OF WHAT 30b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) COUNTRY? please during most of working life, even if retired) (50U+ Kentucky 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME! earborn Geo. H. Dearborn, Jr. 16 SOCIAL SECURITY NO (Yes no or unknown) (If yes give war or dotes of service crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) signed by the burial-transit p ANSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO O . . . Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 director, page 3 shauld be detached far use should be filed with the State Dept. of Health TO FUNERAL DIRECTOR: After this certificate 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Vitern 18.) 20n ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (County) (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year Hour o.m. factory, street, office bldg , etc.) of work 21. I certify that (1) (this transpitat) attended the deceased fram two was 5, 1966, to Aug. 24, 1966, that (1) (see last sow the deceased alive an Aug. 24, 1966, and that death occurred at \_\_\_\_\_\_M, from causes and on the date stated above. 4:20 PM 220 SIGNATURE 22b. DATE SIGNED STAFF PHYS M.D PHYS DIRECTOR 22d. ADDRESS 22c PHYSICIANS NAME (Type) 230. BURIAL, CREMATION,
BREMOVAL (Spenty) LOCATION (Citylor Town) (Stote) DATE THEREO 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL BURECTOR VR A15 (4) AUG 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 M 10843 CERTIFICATE OF DEATH and 2/ requires that the death certificate be executed within 24 haurs after death by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Anne Arundel signed by the attending physician and completely filled in by the fur buriol-transit permit \* Then please remove carbon papers. Pages 1 buriol, cremation, or emg/al, and in any event, within 72 hours after MARYLAND b (ITY OR TOWN (If autside carparate imits, write RURAL and give pearest tawn) c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 11 days Baltimore d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? Crownsville State Hospital 700 Park Ave. I NO 💢 3. NAME OF Middle First Last 4. DATE Manth Year Doy DECEASED (Type or print) 3-#33027 Marv Deck DEATH s sex 6 COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthday) Months Days Hours Female Whi te Dctober 16, 1891 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during most of Motkind file even it settired) INDUSTRY COUNTRY? Maryland U.S.A 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME John H. Deck Katherine FRAINIE IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 216-09-0655 Hospital Records 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. Hypostatic Pneumonia ONSET AND DEATH IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physician. JU TA DUE TO Generalized & Cerebral Arteriosclerosis Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be defached for use as the should be filed with the State Dept, of Health prior to (c) WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Uremia NO X 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 200 ACC: DENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH \_\_\_ (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (Stote) TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) factory, street affice bldg., etc ) Hour o.m While of work of work 8/19 8/30 , 1956, that (I) (we) last 21. I certify that (I) (this haspital)\_attended the deceased fram\_ 19 66 to 8/30 19 66, and that death accurred at 2:15M, fram causes and an the date stated above. saw the deceased alive on 22b. DATE SIGNED 220. SIGNATURE 8/30/66 M.D. PHYS. DIRECTOR 22d. ADDRESS ABYSIC, AN'S NAME (Type) Crownsville State Hospital Maryland 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BUR AL, CREMATION, (Caunty) (State) BURIAL CATHEDRAL ADDRESS BALTIMORE. 25b. REGISTRAR S SIGNATURE 25o, REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) & SON 805 N. CALVERT ST. 1966 MEARS DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10844 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 havrs after death. and 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission etely filled in by the funeral axbon papers. Pages 1 and PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) E LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest tawn) West River 2 days Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e 15 RESIDENCE ON A FARM? d STREET ADDRESS Anne Arundal General Hospital YES NO T NAME OF Middle 4. DATE First Last Manth Doy DECEASED (Type or print) 1966 DIXON OF August 16 Jeanette Alice DEATH IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR 7. MARRIED YX **NEVER MARRIED** remay à birthday) Manths Hauts Female White June 11, 1900 WIDOWED DIVORCED t0a USDAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT lease/ during most of working life, even if retired) COUNTRY? physician ( nen please/ INDUSTRY and Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 Address Nost Para Mi (Yes, no ar unknown) (If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one cause per ne far (a), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO Conditions, if any, which gave rise to immediate cause (o), DUE TO stating the underlying couse the has been WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION be detached far use State Dept. af Health YES XX NÛ Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Haur o.m. factory, street, office bldg., etc.) Not While at work at work , 19 6.2, to Aug. 16 , 1966, that (1) (xxx) last 19.66, and that death occurred at saw the deceosed alive on Aug. 16. M, from causes and on the date stated above. 22a. SIGNATURE DATE SIGNED ATTENDING directar, page 3 should be filed v DIRECTOR M.D. PHYS. PHYS 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS Mayo Road. Edgewater, Sylvia Lim. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) (Stote) 230 BURIAL, CREMATION (County) REMOVAL (Specify) UALER et 3/4 1 2Sb. REGISTRAR'S SIGNATURE 24'-FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR VR A15 (4) AUG 1966 20 M 1/66



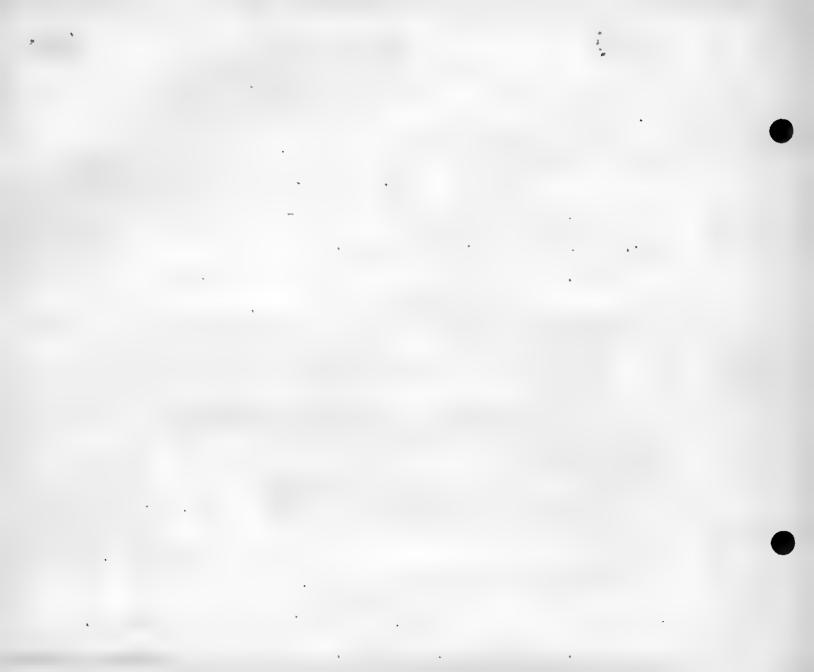
11 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2	1201
. ~ 1	10845 CERTIFICATE OF DEATH	10836
s after deoth the funeral ages 1 and 2	PLACE OF DEATH  a. COUNTY  Anne Arundel  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, if institution Residue, in in	ence before admission
completely filled in by the funeral avec carbon papers. Pages 1 and 2 event, within 72 hours after death.	b CITY OR TOWN (If autside carporate limits, write RURAL and a Route 7 Glen Burnie 24 Days North Shore Pasadena P	give nearest fawn)
illed in 72 him 72 him 72 him	d. NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address)  North Arundel Hospital  189 D.	e IS RESIDENCE ON A FARM? YES NO Q
d withi letely f orbon nt, with	3. NAME OF First Middle Last 4. DATE Month OF DECEASED (Type or pont) Elmer F. Dothe DEATH Chifint	26 1966
d comp	Male White WIDOWED DIVORCED May 15, 1901 65 yrs. Manths	
cion and except one in one	during most of working life, even if retired)  NDUSTRY  Div. Service Manager The Mack Co. Ohio	COUNTRY?
ertifice physi physi noval,	13. FATHER'S NAME  Frank Dothe  Pauline Fister	
equires that the death certificate b physician. signed by the attending physician buriol-transit permit. Then please buriol, cremation, or removal, on	IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address	Pasadena P.O
that the In. by the c ansit por	18. CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Taphylogoccl Slipticamia	INTERVAL BETWEEN OWSET AND DEATH
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth Page 4 may be retained by the hospital or ottending physician.  D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please genave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  (b)  DUE TO  (c)	
the lay offending be be as the prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 moy be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as that should be filed with the State Dept. of Health prior to	200. ACCIDENT WAS UNDERLYING	YES NO
OR ATTENDING PHYSICIAN: be retained by the hospitol or JIRECTOR: After this certificate e 3 should be detached for u ed with the State Dept. of Heal		County) (State)
TENDIN ined by R: Affe ould be ould be	saw the deceased alive an 6/25 1966, and that death accurred at 2 A M, fram causes and an	
OR AT OR ESTA	22a. SIGNATURE  Acidany Medican M.D. ATTENDING O MED. DIRECTOR O PHYS. O F/	DATE SIGNED 26/66
PITAL I moy ERAL (	221 PHYSICIAN H.T.O. HERLIHY 22d. ADDRESS Central Owl. Selection	Brown!
O HOSPITAI Page 4 moy O FUNERAL director, po	23d BURIAL (REMATION, REMOVAL (Specify) 8-29-1966 Woodlawn Woodlawn	(County) (State)
VR A15 (4)	24. FUNERAL DIRECTOR ADDRESS 25G. REC'D BY REGISTRAR 25b REGISTRAR	S SIGNATURE Wholes



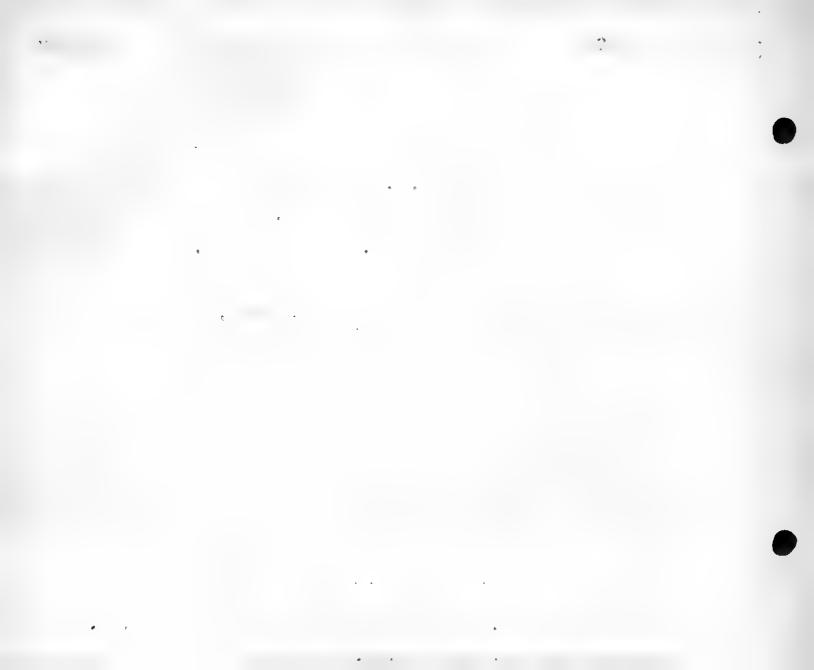
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH eat a 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Anne Arundel Anne Arundel Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Page Annapolis hr. 50 min Annapolis 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? d. STREET ADORESS U.S. Naval Hospital Winchester Road YES No or letely 3. NAME OF First DATE Middle Last 4. Month Dav Year DECEASED OF (n) event. Leonard compl (Type or print) Doughty 1966 DEATH August 5. SEX 6. COLOR OR RACE 17. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS last birthday) | Months | Days and Caucas iarWIDOWED DIVORCED | 4=26-1894 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Retired USN Texas USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. + 17. INFORMANT Address 0 (Yes, no. or unkown) ((If yes give war or dates of service) 1917-1946 (29vrs) 220-36-8226 Mrs. Doughty, Winchester Road, Annapolis, Md 18. CAUSE DF BEATH [ Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO YES 20a. ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 1) of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm. | 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p 7 August 1966 to 8 August 1966 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from... DIRECTOR: 8 August 19 66 and that death occurred at 1:49M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATUR 22b. DATE SIGNED e page M.D. PHYS DIRECTOR FUNERAL 22d. ADDRESS director, p should be SHUTE LCDR MC USN U.S. Naval Hospital 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 REMOVAL (Specify) Cremation Greenmount Crematory Balt imore Maryland Y REGISTRAR | 256. REGISTRAR'S SIGNATURE Aug 1966 24. FUNERAL DIRECTOR 25a. REC'O BY REGISTRAR I Falls Ed. Balto. Md. Funeral Home 3631 VR A15 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10847 10838CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death by the funeral Pages/1 and P S PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Anne Arundel MARYLAND b CITY OR TOWN (If autside corporate Limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) syrite RURAL and give/nearest town) Riviera Beach uviera Beach d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM Kenwood Road Kenwood Road YES NO NAME OF First Middle DATE Month carbon ⊾@st Dov Year DECEASED OF DEATH B. Harry Durkee 66 (Type or prent) 19 Hugust S SEX IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yedrs lost birthdoy) Months Days 9-16-1892 WIDOWED DIVORCED mal Oa USUAL OCCUPATION (Give kind of work done TOB KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or fareign country) during most of working (je, even if retired) INDUSTRY COUNTRY? Durkee Maru, esman 0 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Alberta Deverauex WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 2*140181*38 same U.e.s 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH signed by 1 IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gove rise to immediate couse (a). DUE TO stating the underlying couse 0 has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO Z TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II of item 18.) 20g. ACC. DENT WAS UNDERLYING [ OR CONTRIBUTING LICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg, etc.) Nat While at work . 19 6 that (1) (we) last 21 I certify that (1) (this haspital) attended the deceased fram. , 19,66, 10 BUG JUNE 1966, and that death accurred at 6:20M, fram/causes and an the date stated above saw the deceased alive an AUG. 22a. SIGNATURI 22b DATE SIGNED STAFF PHYS director, poy-M.D. DIRECTOR PHYS 22d. ADDRESS PHYSICIAN'S NAME (Type) RADV RIVIERA NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 230 BURIAL, CREMATION, 23d LOCATION (City or Tawn) (County) (State) entomoment 8-5-66 orraine Mausoleum timore 24 FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) Marles 1966 Ruck Inc Baltimore.



HEALTH DEPT. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived if institution, Residence before the personal place of the per	839
Anne Arundel MARYLAND O. STATE Maryland b. COUNTY Anne	re odmission) Arundel
O. COUNTY  Anne Arundel  MARYLAND  O. STATE  Maryland  D. COUNTY  Anne  Anne  Anne  COUNTY  Anne  CO	st town)
North Arundel Hospital 1206 Kimberly Lane	e IS RESIDENCE ON A FARM?Y YES NO
b CITY OR TOWN (If outside corporate limits, write RURAL and give neares town)  North Arundel Hospital  3. NAME DF DECEASED (Type or print)  5. SEX  6 COLOR OR RACE  7. MARRIED  Never MARRIED  North  Never Married  North  North  Never Married  North  Never Married  North	1966 IF UNDER 24 HRS
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15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  Paul E. Fifield, same as 2  18. CAUSE OF DEATH (Enter only one couse per ne for (o), (b) and (c))	TERVAL BETWEEN
PART I DEATH WAS CAUSED BY.  IMMEDIATE (ALUSE (c) DUE TO  Conditions, if ony, which gove isse to immediate cause (o), stoting the underlying cause  PART I DEATH WAS CAUSED BY.  Focal fibrosis of myocardium, etiology  Undetermined  Undetermined  Due TO  Due TO  Due TO  Due TO	ISET AND DEATH
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19	WAS AUTOPSY PERFORMED? YES X NO
200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port   or Port   of item 18.)  PRIMARY OCCURRED (Enter noture of injury in Port   or Port   of item 18.)  200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port   or Port   of item 18.)  201 CAUSE OF DEATH  202 T ME OF INJURY Month, Doy, Year 203 INJURY OCCURRED 200 PLACE OF INJURY (Home, form, 204 (City or town) (County)	(Stote)
White of work	d in my opinion
death resulted fram: Natural causes X, Accident , Suicide , Homicide , Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE (ROMATURE)	22. DATE SIGNED
EXAMINER'S Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)    EXAMINER'S NAME (Type)   236 DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d LOCATION (City or Town) (County REMOVAL (Specify)   23b DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d LOCATION (City or Town) (County DEPUTY MEDICAL EXAMINER   August   Address (Street, city, town, or county)   23b DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d LOCATION (City or Town) (County DEPUTY MEDICAL EXAMINER   August   Address (Street, city, town, or county)   23b DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d LOCATION (City or Town) (County DEPUTY MEDICAL EXAMINER   August   Address (Street, city, town, or county)   23b DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d LOCATION (City or Town) (County DEPUTY MEDICAL EXAMINER   Address (Street, city, town, or county)   23c. NAME OF CEMETERY OR CREMATORY   23d LOCATION (City or Town) (County DEPUTY MEDICAL EXAMINER   Address (Street, city, town, or county)   23c. NAME OF CEMETERY OR CREMATORY   23d LOCATION (City or Town) (County DEPUTY MEDICAL EXAMINER   Address (Street, city, town, or county)   23c. NAME OF CEMETERY OR CREMATORY   23d LOCATION (City or Town) (County DEPUTY MEDICAL EXAMINER   Address (Street, city, town, or county)   23c. NAME OF CEMETERY OR CREMATORY   23d LOCATION (City or Town) (County DEPUTY MEDICAL EXAMINER   Address (Street, city, town, or county)   23c. NAME OF CEMETERY OR CREMATORY   23d LOCATION (City or Town) (County DEPUTY MEDICAL EXAMINER   23d LOCATION (City or Town) (County DEPUTY MEDICAL EXAMINER   23d LOCATION (City or Town) (County DEPUTY MEDICAL EXAMINER   23d LOCATION (City or Town) (County DEPUTY MEDICAL EXAMINER   23d LOCATION (City or Town) (County DEPUTY MEDICAL EXAMINER   23d LOCATION (City or Town) (County DEPUTY MEDICAL EXAMINER   23d LOCATION (City or Town) (County DEPUTY MEDICAL EXAMINER   23d LOCATION (City or Town) (County DEPUTY MEDICAL EXAMINER   23d LOCATION (City or Town) (County DEPU	
REMOVAL (Specify) Burial  11 Aug. 1966  Baltimore National  256. RECD BY REGISTRAR  256. RECD BY REGISTRAR  WIRE AUG. 1 1 1966  Colombo  C	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10849 CERTIFICATE OF DEATH 108402 requires that the deoth certificate be executed within 24 hours after deoth death. the attending physicion and completely filled in by the funeral sit permit. Then please sergove carbon papers. Pages I and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE **b.** COUNTY e carbon popers. Pages 1 vent, within 72 hours after ANNE ARUNDEL MARYLAND ANNE ARUNDEL b CHTY OR TOWN (If outside corporate mits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) LINTHICUM HEIGHTS LINTHICUM HEIGHTS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM NOVY 404 W. MAPLE ROAD YES 404 W. MAPLE ROAD 4 DATE 3 NAME OF First Middle Month Doy Year DECEASED TREVIA E. AUGUST FUGMAN (Type or print) DEATH IE UNDER 24 HRS IF UNDER S SEX 6 COLOR OR RACE DATE OF BIRTH 9 AGE (In years 7 MARRIED NEVER MARRIED lost pythdoy) Months Hours FEMALE WHITE SEPT: 26, 1899 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 1) BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working . Te, even if retired)
HOUSEWIFE INDJISTRY and PENNSYLVANTA II.S.A 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME burial, cremotion, or removal, WILLIAM A. SLADE JOSEPHINE ELDER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service NO MRS. HELEN I. FUGMAN W. MAPLE ROAD INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b) ond (c).) burial-tronsit PART I. OFATH WAS CAUSED BY: IMMEDIATE CAUSE (c) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse Page 4 may be retained by the haspital or ottending has been os the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO [7] this certificate ō 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year Hour o pr 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm (City or town) (County) (State) foctory, street, office bidg ; etc.) ot work ot work O FUNERAL DIRECTOR: After )27 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram saw the deceased alive on and that death occurred at 72 M, from causes and on the date stated above 22b DATE SIGNED 22a SIGNATURA ATTENDING DIRECTOR PHYS director, poge should be filed LANE 22d. ADDRESS 22c PHYSICIAN'S MD. NAME (Type) CHRISTIANLEOTMASS BALTO, NATIONAL PIKE & ST. JOHN'S 23b OATE THEREOF TELE: 123c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION, (County) REMAYAR SPEATO) 9-1-66 BALTIMORE, MARYLAND MEADOWRIDGE CEMETERY **ADDRESS** 25o. REC D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 H. HUBBARD FUNERAL HOME 4107 WILKENS AVENUE HOWARD

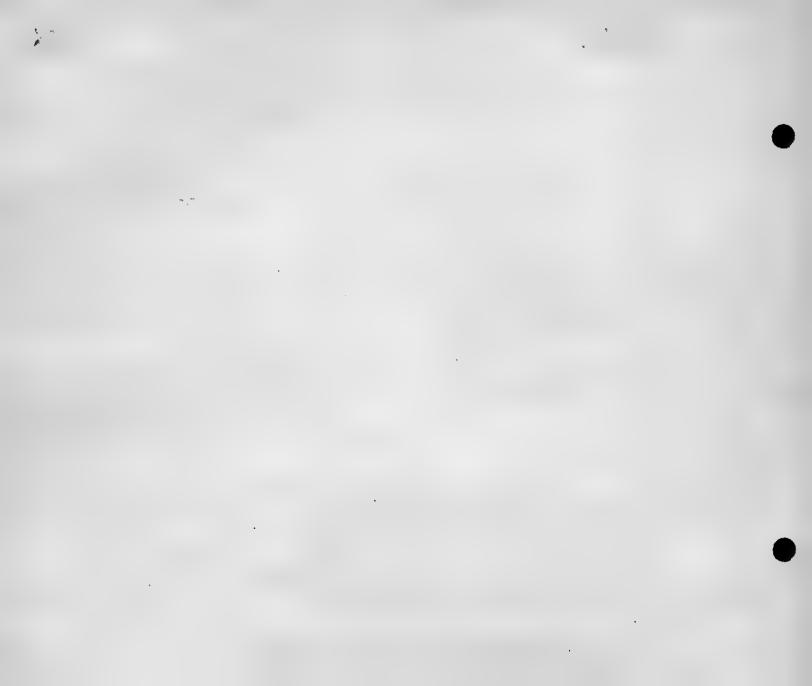


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10250 requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before admission) PLACE OF DEATH · COUNTYAnnaRundle O STATE SOUTH CAROLINA & COUNTY MARYLAND c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) b CITY OR TOWN (If outside corporate limits, write RURAL (Hind Agive neares) town) 12Hrs. SHAW AIR FORCE BASE d NAME OF HOSPITAL OR INSTITUTION (If not in hospito give street address)

Kimbrough Army Hosp. FGGM MD. d STREET ADDRESS e. IS RESIDENCE ON A FARM? 103 Gardinia St. NO P YES . 3 NAME OF First Middle 4 DATE August Fuller DECEASED Ebla Penny OF (Type or print) DEATH B DATE OF BIRTH Ept. 7,1894 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** Months lost birthdoy) CAU. Doys Hours WIDOWED T DIVORCED 11 BIRTHPLACE (County & State, or foreign country)
POLIN GEORGEA 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR USA during most of Morking his baken it testred) INDUSTRY none COUNTRY? 13 FATHER'S NAME EDGE 14 MOTHER'S MAIDEN NAME **T**Edge Molly Burnett John Franklin Hodge 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Miterprise Rd. (Yes, no, appaknown) (If yes give war or dates of service) 259-62-9675 Reba Lee Potter CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p Acute Myocardial Infarction ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Arterosclerotic Heart Desease 20 yrs. Conditions, if ony, which gove rise to immediate cause (a). DUF TO stating the underlying cause s as the priar tal has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO SE TO FUNERAL DIRECTOR: After this certificate ق 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work of work 1966 ta L Aug 19 66 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from LAUG Page 4 may be retained director, page 3 should should be filed with the 19 66, and that death accurred at 3:30 PM, fram causes and on the date stated above. saw the deceased alive an TANK 22b. DATE SIGNED 22o. SIGNATURI **ATTENDING** STAFF PHYS M.D. 22d ADDRESS NEW HOSPITAL, FGGMMD NAME (Type) CARL S. ROSEN, CAPT, MC 23b. DATE THEREOF 23c. NAME OF CEMETERYTOR CREMATORY 230 - SURIAL, CREMATION, 23d LOCATION (City or Town) (County) (Stote) . REMOVAL (Specify) 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 26 FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 harely



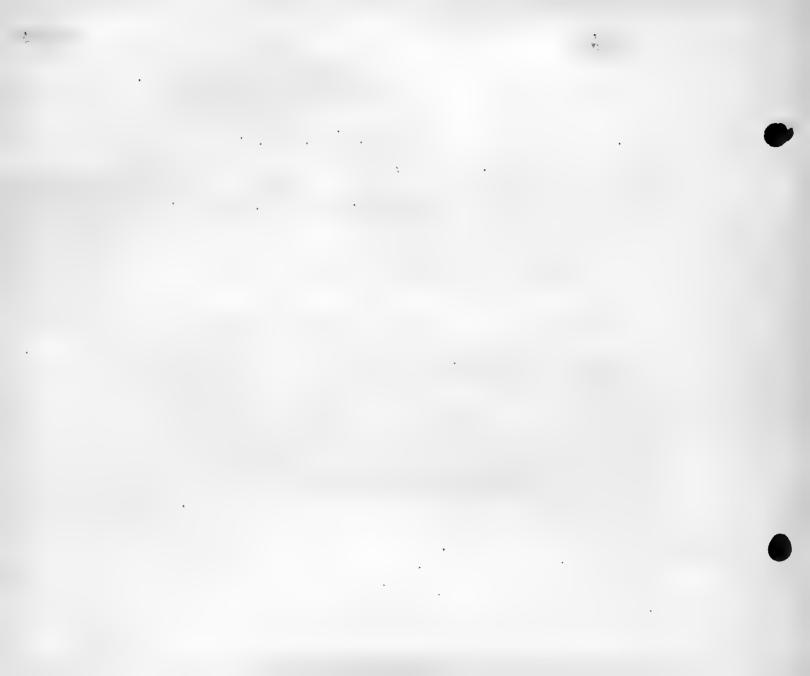
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ICATE OF DEATH	10942
2. USUAL RESIDENCE (Where deceased	lived. If Institution: Residence butter admission
e. STATE	b. COUNTY ?
STAY IN 1b c. CITY OR TOWN (If outside corporate lim	nits, write RURAL end give nearest town)
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address) d. STREET ADDRESS	IS RESIDENCE ON A FARM
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S OR INDUSTRY 11. BIRTHPLACE (County & Stelle, or foreign	
UN CenknowN	21.5.
14. MOTHER'S MAIDEN NAME	•
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URY OCCURRED. (Enter nature of injury in Part I or Part II of item	
ED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town factory, street, office bldg., etc.)	(County) (State)
, and that death occurred at My M, from the co	
ATTENDING MED. STAF	
A.D. 22d. ADDRESS	-1
180 Cherry law 7	Cen Mune Med
F CEMETERY OR CREMATORY 234. LOCATION (	City, town or county) (State)
(V) X 2 1/2 1/2 1/2 1110 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a new to a second
7 IDATEMUO II 1961	of works of what
	2. USUAL RESIDENCE (Where deceased e. STATE  address)  c. CITY OR TOWN (II outside corporate lim  address)  d. STREET ADDRESS  A. DATE  OF DEATH  RRIED  B. DATE OF BIRTH  RCED  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  TY NO. 17. INFORMANT  URY OCCURRED. (Enter nature of injury in Part I or Part II of iter  ED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  ATTENDING  M.D. ATTENDING  M.D. ATTENDING  M.D. ATTENDING  M.D. ATTENDING  M.D. ATTENDING  M.D. DIRECTOR  PHYS.  22d. ADDRESS  CEMETERY OR CREMATORY  123d. LOCATION (123d. LOCATION



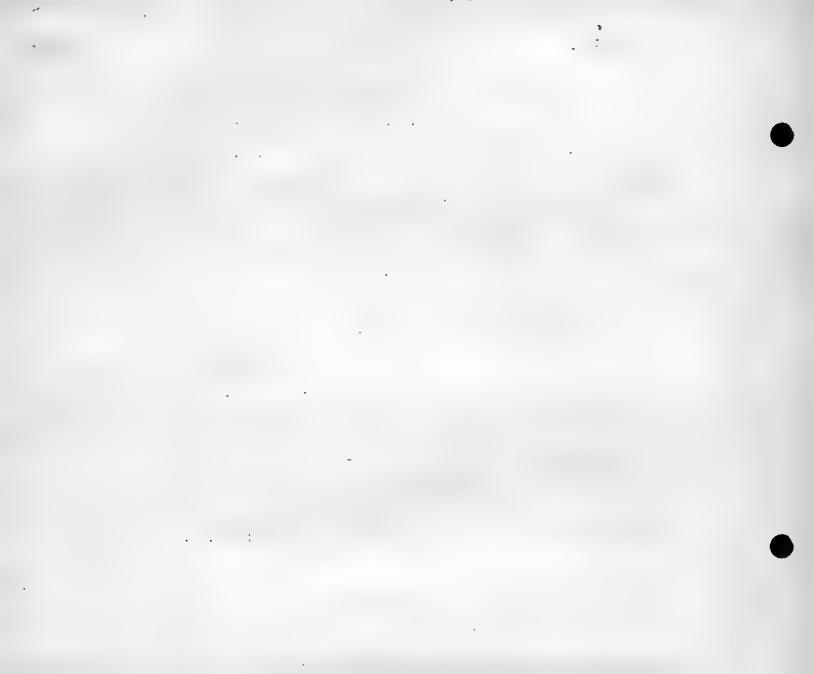
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10848 10852 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) Anne Arundel o. STATE D. C. b. COUNTY MARYLAND b\_CITY OR TOWN (If outside corporate I mits, CLENGTH OF STAY IN 1b. c CITY OR TOWN (IF outside corporate limits, write RURAL and give nearest town) Ryste RyRAL ordinare negret town e Washington d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREE ADDRESS Street, S.E. e IS RESIDENCE ON A FARM TO Mountain doad and ditchie Highway LQUE alang with 3 NAME OF Middle 4. DATE Raymond A Gemmill DECEASED (Type or print) DEATH S SEX 8 DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED lost b rthdoy) Months M Aug 18, 1886 WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR 12 CIT ZEN OF WHAT COUNTRY? pages in an 13. FATHER'S NAME 16 SOCIAL SECURITY NO 17 INFORMANT WASADO (Yes, no et unknown) (If yes give wor or dots of service) remaval, ELIZABETH S. GOMMIC -1827-900 STSE 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) NTERVAL BETWEEN ONSET AND DEATH Multiple contusions, lacerations, and fractures PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). incurred when hit by a car at Mountain Road and immediate crematian, Ritchie Highway. Conditions, if any, which gave rise to immediate couse (a), DUF TO storing the underlying couse burial, i 19 WAS AUTOPS' PERFORMED? PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) none 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Page or Port II of item 18) PRIMARY 21 or CONTRIBUTING CAUSE OF DEATH He was walking across the road when he was hit by a car 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fawn) (County) (Stote) 20c TIME OF INJURY Month, Day Year Street, office bidg , etc.) 8:45 HPMP.III Glen Burnie, A.A. Md. may be retained for your FUNERAL DIRECTOR: Page its designated Inspection X 21. I certify that stook charge of the remains described above, held an Autopsy Inquiry , and in my opinion death resulted from Natival causes 7 a Accident X. Suicide . Homicide Undetermined manner the funeral director CHIEF MEDICAL EXAMINER | ACTUAL ASSISTANT MEDICAL EXAMINER **SIGNATURE** DEPUTY MEDICAL EXAMINER X Health ar Charles H. Wirth, M D Address (Street, city, town or county) 23c NAME OF CEMETERY OR CREMATORY 23dL 10CATION (City or Town) 23b DATE THEREOF (Stote) 100 FORT LINEOUN 25b REGISTRAR S SIGNATUR 2So REC'D BY REGISTRAR VR A15ME (5) 1966



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e ( RNE)	10853	CERTIFICATE OF D		10844
e funer 1 and	1. PLACE OF BEATH a. COUNTY	2. USUAL I MARYLAND	RESIDENCE (Where deceased lived, If instit	
hours after death, d in by the funeral rs. Pages 1 and 2 hours after death.	b. CITY OR TOWN (If outside corporate limits, while RURAL and give nearest town)	c. LENGTH OF STAY IN 16 C. CITY OR	TOWN (If outside corporate limits, write	RURAL and give nearest town)
24 fille pape pape	d. NAME OF HOSPITAL OR INSTITUTION (if not in	il Hispita, RTI	Box 80 Fairfay St	ON A FARM?  ON A FARM?  ON O
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be executed within 24 th dan and completely filled ase remove carbon papers and in any event, within 72	M WIDOWE	DIVORCED 3-5		onths Days Hours Min.
E SE	during most of working life, even if retired)  13. FATHER'S NAME	INDUSTRY	er's maioen name	COUNTRY?
in The	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 (Yes, no, or unknown) i(lfyes give war or dates of service)	S. SOCIAL SECURITY NO.   17. INFORMANT	Address	
e death the att it permi	18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]	0 0 0	INTERVAL BETWEEN ONSET AND GEATH
The law requires that the death or attending physician. cate has been signed by the attenr use as the burial transit permit. ealth prior to burial, cremation, or	PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.	interiorelevitie	heart di Sea	2 3 days
Safe cate	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI			YES NO
PHYSICIAN: The the hospital or a this cert ≡cate detached for use e Dept. of Health		DESCRIBE HOW INJURY OCCURRED. (Enter		(County) (State)
ING PH d by the After th 1 be det State D	Hour a.m. 19 While at wo	e Not While factory, street, office at work	ce bldg., etc.)	
PAGE 4 MAY BE RATENDING PHYSICIAN PAGE 4 MAY BE retained by the hospit TO FUNERAL DIRECTOR: After this certily director, page 3 should be detached ishould be filed with the State Dept. of	21. I certify that (i) this hospital) attensaw the deceased alive on 222. SIGNATURE	ded the deceased from		, 190 6, that (I) (we) las nd on the date stated above 22b. PATE SIGNEO
PITAL OR 4 may be ERAL DIRECT. page or, page of the filed to the filed	22c. PHYSICHAN'S T B RA	MIRE 2 MD 22d. AD	DIRECTOR PHYS.	1D/Baltinne 27 M
TO HOSPITAL Page 4 may TO FUNERAL Silventor, pa	230. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR CREMATO	DRY 23d. LOCATION (City, tow Love Baltimor	n or county) (State)
VR A15 (4) 20M 1/65	24. FUNERAL DIRECTOR		25a. REC'D BY REGISTRAR 25b. REG DATE AUG 3 1 1966 KC	Karley Judge
20111 1/05			- 7	() ()



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10854 CERTIFICATE OF DEATH ■ executed within 24 Paurs after daath death campletely filled in by the funeral ave carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Anne Arundel Anne Arundel Maryland MARYLAND b CITY OR TOWN (if autside carparate limits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) D. O. A. Severna Park Annapolis d NAMS OF HOSPITAL OR INSTITUTION (II and in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Anne Arundel General Hospital YES T NO F NAME OF 4 DATE Middle Tast Year Day DECEASED OF DEATH Arthur GIDDINGS August 19 (Type or post) 5 SEX 6 COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED ast brithday) Months Days Hours WIDOWED DIVORCED February 16,1898 Male White 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? during reast of work nothing, even if retired) phys clan c England 14 MOTHER'S MAIDEN NAME . 13 FATHER'S NAME or removal, requires that the death reg IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SCICIAL SECURITY NO INFORMANT Address (Yes, no, or upfingryn) (If yes give war or dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) MTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) signed by Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause has been the WAS AUTOPS'
PERFORMED? PART II. OTHER-SIGNIFICANT/CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO TO FUNERAL DIRECTOR: After this certificate 205/ DESCRIBE HOW INJURY OCCURRED/(Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour am. Not While at wark at work that (1) (ver last director, page 3 should shauld be filed with the and that death accurred M, fram causes and an the date stated above. saw the deceased alive an\_ 226 DATE SIGNED 22a SIGNATURE ATTENDING M.D DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 121 Cathedral St., Annapolis, Md. Frank Shipley M. D. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 23d. LOCATION: (City or Town) (County) REMOVAL (Specify) 256 REGISTRAR'S SIGNATURE 2Sq REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (2) FOR DATE AUG 1966



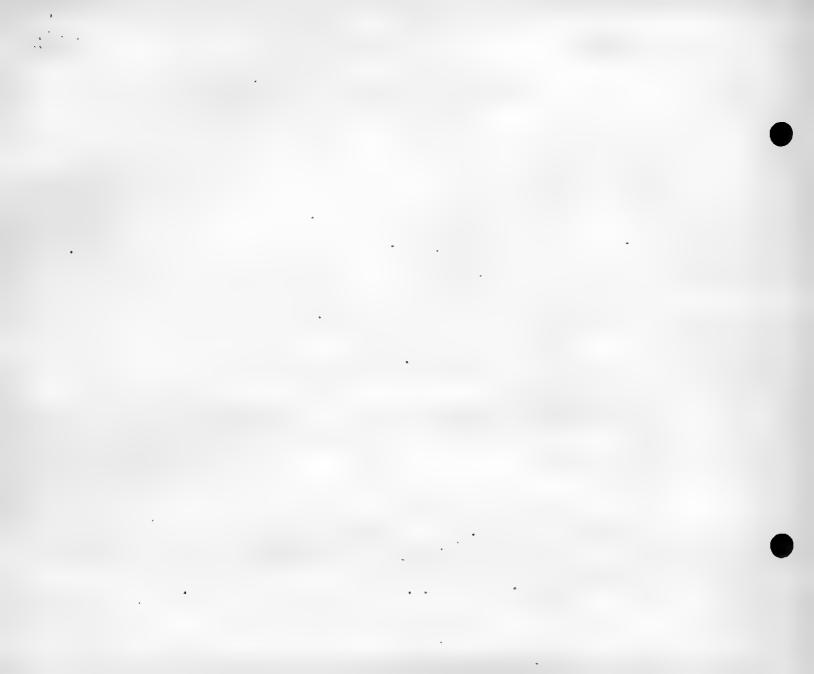
DIVISION OF STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edm ssion) a. COUNTY a. STATE b. COUNTY by the and 2 death; MARYLAND þ b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 (If outside corporate limits, write RURAL, and give nearest town) c. CITY OR TOWN within 24 white RURAL end give searest town) filled in Pages 1 papers. Pages 1 n 72 hours after 00 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDLESS e. IS RESIDENCE ON A FARM? completely YES NO DO 3. NAME OF First Middle 4. DATE Month Day Year DECEASED OF within (Type or print) DEATH 19 carbon 5. SEX 6. COLOR OR RACE IF UNDER I YEAR IF UNDER 24 HRS. DATE OF BIRTH AGE (In years and NEVER MARRIED 7. MARRIED last birthday) Days Months event, WIDOWED hysician гетоме 10a. USUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY dong during most of working life, even if ratired) MA b 1Nd physician. death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and ONENOUN KNOWN The law requires that the oval. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes give wer or dates of service) or rem 18. CAUSE OF DEATH [Enter only one cause per line (or (a), (b), end (c).] has been signed by INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. cremation, IMMEDIATE CAUSE (a) burial-transit **DUE TO** be retained by the hospital or attending Conditions, if any, which geve rise to immediate cause burial DUE TO (a), stating the underlying the R: After this certificate he detached for use as the pt. of Health prior to bur cause last. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm, † 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. THECTOR: Dept. at work at work 19 p.m. å 196.6., that (I) (400) last 21. I certify that (I) (this\_hespital) plnous State | and that death occurred at saw the deceased alive on....... шау MENATURE DATE ATTENDING MED. STAFF TUNERAL with the DIRECTOR PHY5. PHYS. Page 22c. PHYSICIAN'S M.D. 22d. ADDRESS director, g NAME (Type) filed death. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City. REMOVAL (Specify) ONN 10 **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 20M 5-63



41.11	Item 18 Film 380 9-16-66 MARYLAND STATE Division of STATISTICAL RESEARCH AND RECORDS, 3		AND 21201
22.	10855 CERTIFICATION	E OF DEATH	10847
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. etained by the hospital or attending physician. CTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached far use as the buriol-transit permit. Then please remake carbot papers. Pages 1 and 2 with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.	PLACE OF DEATH  o. COUNTY  Anne Arundel  MARYLAND	2 USUAL RESIDENCE (Where deceosed lived, if institut o STATE b. COUN	Anne Arundel
by the Pages Purs aft	b CITY OR TOWN (if autside corparate limits, write RURAL and give nearest town)  Annapolis  7 days	c. CITY OR TOWN (If outside corporate limits, write RUR  Crownsville	AL and give nearest town)
opers.	d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  Anne Arundel General Hospital	d STREET ADDRESS Box-113	e IS RESIDENCE ON A FARM? YES NO X
0 2 /	3 NAME OF First Middle	Lost 4. DATE Mont	h Doy Year
n any event,	(Type or print) William Frances  S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED  Male White WIDOWED DIVORCED	B. DATE OF BRITH 9 AGE (In years lost birthday)	F UNDER 1 YEAR   IF UNDER 24 HRS   Months   Days   Hours   Min.
nd in an	10a SUAL OCCUPATION (Give kind of work done during most of working life even if retired)  Retired Dist. of Col. Police Force	11 BIRTHPLACE (County & State or foreign country) Washington, D.C.	12 CITIZEN OF WHAT COUNTRY?
nen please	13 FATHERS NAME William E. Graves	Mary Catherine Carroll	
permit. The	OV	I. Catherine Graves-Wife-	
signed by the buriol-tronsit buriol, cremati	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.  (c)	//A//////A/Pulmonary ede neparosis ///////////////////////////////////	ruy
r use os lealth prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO		19. WAS AUTOPSY PERFORMED? YES NO
re Dept. of H	OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e F	LACE OF INJURY (Home, form, 20f (City or town) story, street, office bldg , etc.)	(County) (State)
ould be	21. I certify that (I) (tracks with attended the deceased from saw the deceased alive an Aug. 22 19 66, and the	, 19 , ta Aug. 22 nat death accurred at M, fram causes	and an the date stated above
r, page 3 should be detached far use os the be filed with the State Dept. of Health prior to	22c PHYSIKIAN'S NAME (Type) Stephen B. Hiltabidle, M.D.	M.D ATTENDING XX MED. STAFF PHYS. C	22b. DATE SIGNED  1 8-23-66  napolis, Md.
director, page 3 should be detached for use os the should be filed with the Stote Dept. of Health prior to	230. BURIAL CREMATION.  23b DATE THEREOF  23c NAME OF CEMETERY C  8/26/1966 Arlington N	ational Arlington	Virginia
A15 (4) . M 1/66	24. FUNERAL DIRECTOR ADDRESS Robert A. Pumphrey Bethesda, Ma		gistrar's signature



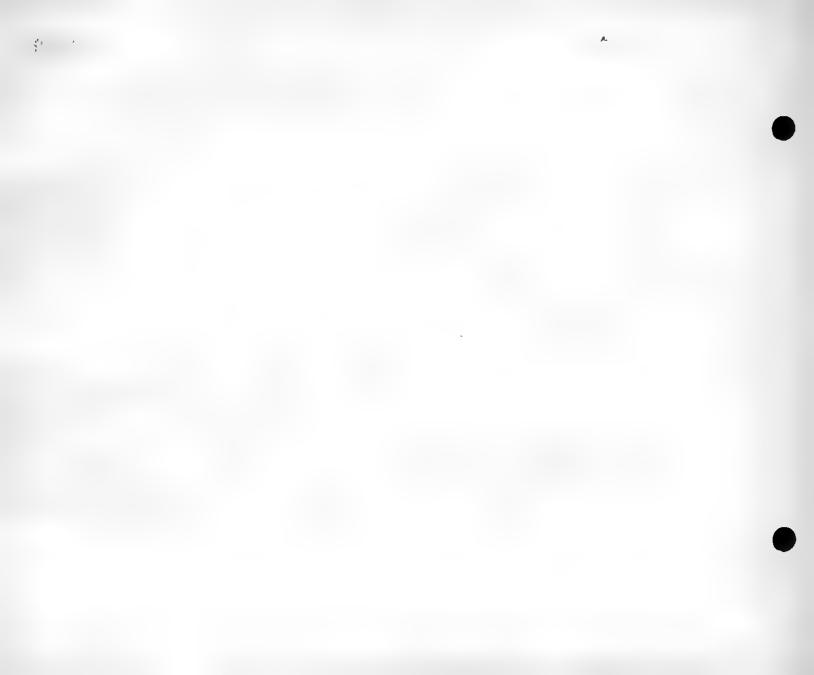
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10857 10848CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) a JENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 days Galesville Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Anne Arundel General Hospital NO TS 3 NAME OF Middle First Lost 4. DATE Month DOY DECEASED GROSS 0F August 8 Frances Ann 1966 (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** birthdoy) Months Dovs Hours Female Negro WIDOWED DIVORCED Jan. 9, 1900 1Do USJAL OCCUPATION (Give kind of work done 11, BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT KIND OF BUSINESS OR during that of working life, even if retired? COUNTRY? Marvland U.S 12 HHER'S NAME MOTHER'S MAIDEN NAME crematian, ar removol; 17. INFORMANI (Yes, no, or unknown) (If yes give wor or dotes of service) INTERVA, BETWE 18. CAUSE OF DEATH (Enter only one couse per line joy (o), (b), and (c) ) signed by the burial-transit publical-transit publical, cremating PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse be detached far use as the State Dept. af Health priar tal lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? CERTIFICATION NO YES [ O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 2Dc. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (County) (Stote) Hour o.m. Not While foctory street, office bldg., etc.) 19 67, to 21 Leertify that (I) Phisphospital attended the deceased from Aug. 8 , 19 66 that (I) (20e) last 19 66, and that death occurred at gereased drive on Aug. 8 M, from causes and an the date stated above. 22b 22o, SIGNATUI director, page 3 should be filed v DIRECTOR M.D. PHYS 22d ADDRESS NAME (Type) Shady Side. Willard 23d LOCATION (City or Town) (County) REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR VR A15 (4)



1(8/4	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
FOR STATE		10858 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	10849						
HEALTH DEPT.	Ī	PLACE OF DEATH o. COUNTY A. M. CO.  MARYLAND  2 USUAL RESIDENCE (Where deceosed ved, if institution o. STATE  O. STATE  L. D.							
ooth If c.y delay is oges 1, 2, and 3 to ith form PM3. Page State Department of 2 haurs after death	_	b (TY OR TOWN (If autside carparate l'm.ts,  whe RURAL ond give neorest town)  Levenie  C.I.Y. OR TOWN (If outside carparate mits, write RURA.  Decrnice  This afe ~ A -	,						
death If c Pages 1, 7 with form		D.O. 11- IVOR 14. ACUIUGE L-Nosp. 119 Brothe faces.	Re   S RESIDENCE ON A FARM? YES   NO RE						
offer death  S. Give Page Jong with it	L	NAME OF DECEASED (Type or poor)	Doy Year 8 19 66.						
E = 8 = 2		My WIDOWED DIVORCED 9-1-02 loss but back of M	F JNDER 1 YEAR IF UNDER 24 HRS Annths Doys Hours M.n						
ntin 24 haurs ntil in Item 1 niner's Office pages 1 and 2 in any event	đu	lo JSUAL O (CLIPAT ON (Give kind of work done in Db. KIND OF BUSINESS OR INDUSTRY)  3 FATER'S NAME  14 MOTHER'S MA DEN RAME	12 CITIZEN OF WHAT COUNTRY? U. 5. A.						
d within in pencil Examine Examine File page and in a		GRUNING EP WERROWN							
be executed "pending" in lief Medical E. ansit permit. F		(es no, or unknown) (i yes give wor or dates of service) 197-20-0552 Jours Bracito 4718	HUBY arm						
		PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  Activate discussion  Activate discussion  Activate discussion  IMMEDIATE CAUSE (o)	INJERVAL BETWEEN ONSET AND DEATH						
ertificate shaud be e writing the ward "pel warded to the Chief, sed as a burial-transit turial, crematian, or re		Conditions, if any, which gave (b) (b) DUE TO							
certificate writing th prwarded to		STOLING THE UNDERTYING COURSE   (c)   (c)	I 19 WAS AUTOPSY						
This certificate, writh the forwar be forwar l be used or to buria	CERTIF-CAT ON		19 WAS AUTOPSY PERFORMED? YES NO						
MINER: This the certificate, 4 shauld be four files. e 3 shauld be u			(County) (State)						
LEDICAL EXAMINER: This ease execute the certificate irectar. Page 4 shauld be frained far your files. IRECTOR: Page 3 shauld be designated agent, prior ta	MEDICAL	of work of work							
D DEPUTY MEDICAL EXAM necessary, please execute the the funeral director. Page 4 5 may be retained far your FUNERAL DIRECTOR: Page Health or its designated age		21. I certify that I took charge of the remains described above, held an Autopsy, Inspect an, Inquiry deoth resulted from Natural causes, Accident, Suicide, Homicide, Undetermined many CHIEF MEDICAL EXAMINER							
is in the second		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED						
O DEPUTY necessary, the funero s may be o FUNERA! Health or	23	EXAMINER'S NAME (Type)  LIN HORK LT  Address (Street, city, town or county)  DEBUT AL CREMATION, 23b DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (Stote)						
5 g # ~ 5 #	1	GEMOVAL (Specify) 8-13-66 Celan Vill Belto.	TRAR'S SIGNATURE						
VR A15ME (8)	E	ERTRUDE RENNY 5646 Cercelles DATE AUG 15 1966 gc	liarles Judge						



1			Divisi	on of STATIST				PARTMENT OF W. PRESTON ST		IORE MARY	IAND 21201		
FOR ST	ATE		10859					CERTIFICATE			1	0850	
HEALTH	DEPT.		PLACE OF DEATH O. COUNTY			۸	MARYLAND	2 USUAL RESIDENCE 0 STATE		d lived, if institu b. COU		pefore admission)	
ry delay	partment after dea		o (TY OR TOWN (If outset write RURAL and give i	nearest town)		c LENGTH OF ST		c. CITY OR TOWN (IF		limits, write RL	IRAL and give ne	,	
th If all ges 1, 2 form	State Dep		H NAME OF ROSPITAL OR	ARUND	DEL-9	enereal		d STREET ADDRESS		·	2	e S RESIDEN ON A FARM YES NO	
after death 18. Give Pages alang with for	# = 1	5	NAME OF DECEASED Type or print) SEX 6 CO	Ne d	tre	M ddle		Lost 904 B. DATE OF B RTH	4 DATE OF DEATH	AGE (In years		Doy Year  19 C  AR   IF JNDER 24	
haurs aft Item 18. ( Office ala	and 2 with event with	10a	SHALOCCHPATION (GIVE	kind of work done	WIDOWED	التنا	RCED	4-19-9:	3	ost birthdoy) yrs.	Months Do		Min
24 n 1 's (	pages la in any er	duri	ng most of working life, eve FATHER S. NAME	n frettred)		DUSTRY			-22 د حــ	.,	COUNT	15 A	
uted within 3 3" in pencil i cal Examiner	File		WAS DECEASED EVER IN J. S., no, or unknown) (If yes	ARMED FORCES?		OC AN SECUR TY N		Mary C NFORMANT /	OYNE	Addr	ess		
d be executed of "pending" i	ansit permit. ar remaval,		18. CAUSE OF DEATH (E		11200	(a) (b) and (c) (c) (c) (c) (c)		generile	La Da	ale, f	7 d.	INTERVAL BETWEE	EN TH
e shaul the wor ta the	as a burial-transit I, crematian, ar re		Conditions, if eny, which rise to immediate caus stating the underlying lost	e (a), DUE 1	(b)								
is certif te, writi farward	trincat id be uld be rear to	ATION	PART 1. OTHER SIGNIF CA			O DEATH BUT NOT	RELATED TO 1	THE TERMINAL DISEASE	CONDITION G VEN	IN PART 1(o)		19 WAS AUTOPS PERFORMED? YES NO	Y B
. I P		AL CERTIFICATION	200 EXTERNAL CAUSE WA PRIMARY ☐ or CONTRIBU CAUSE OF DEATH	TING				(Enter nature of intury					
EXAMINER ute the cer age 4 shour	- (A) (D)	MEDICAL	20c TIME OF INJURY Mc Hour o.m. p.m.	19	While of work		] foct	CE OF INJRY (Hame, force), street, office bldg., a	etc )	(City or town)	(County		
MEDICAL I	FUNERAL DIRECTOR: Page		•			Approx.		ide , Homici	. ,	n;     Inq determined n □	' —	and in my opi	inton
TY, F	RAL DIS		ACTUAL SIGNATURE EXAMINER'S	hadt.	,1		· · · · · · · · · · · · · · · · · · ·	M.D ASSISTANT A	NEDICAL EXAMINER DICAL EXAMINER	ALIENSON.		22. DATE SIG	
O DEPUTY necessary, the funeral 5 may be a	TO FUNE Health	230	NAME (Type)  BJRIAL, CREMATION, REMOVAL (Specify)	23b DATE THER		23c NAME OF	CEMETERY OR		eet, city, town, or 23d LOC/	r county) AT ON (Sity or To		unty) (State	
VR A	L15ME (5) A 1/66	24	EUNERAL DIRECTOR	1 da	Suit	Hrlingi ADDRESS M GAICS	ou/Va	M DATE	Ar/10 ECD BY REGISTRA 1 8 196	gotory	egistrars sign	ATURE	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10851 10860 CERTIFICATE OF DEATH ond 2 death. requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the feneral 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) PLACE OF DEATH

a. COUNTY Anne Arundel **b** COUNTY a STATE Maryland MARYLAND c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Linthieum Millersville h months e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO TE 5 Patansco Rd. YES Knollwood Nursing Home 4. DATE NAME OF Middle Lost Manth Day Year DECEASED IsaBelle 1066 (Belle) Haberkorn (Type or print) DEATH AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS SEX B. DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Months Hauss Apr., 1884 F WIDOWED 3 DIVORCED 82 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT TO a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Maryland Housewife. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME --- Adams 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) I(If yes give wor or dotes of service) August Haberkorn - 3012 Ohio Ave... Baltimore INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) )
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) signed by the burial-transit g ONSET AND DEATH DUE TO Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION YES ( NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 200 ACC DENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, affice bldg., etc.) Not While from 6/2 , 1966 to 8/15 , 1966 , that (1) (we) last and that death accurred at  $850^{\rm A}$ M, from causes and an the date stated above. 8/15 , 1966 , that (1) (we) last 21. I certify that (1) (this haspytal), attended the deceased fram. saw the deceased alive an 22b. DATE SIGNED 22p. SIGNATURE MED.
DIRECTOR STAFF PHYS. r, page 3 be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN S Smith, M.D. Hahn Proffesional Blag. Severna Park. Md. NAME (Type) directar, shauld b 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Gedar Hill Cemetery Ritchie Hgwy. A.A.Go., 18.1966 24. FUNERAL DIRECTOR Villageley VR A15 (4) George J. Gonce, 4001 Ritchie Hgwy., Baltimore 20 M 1/66

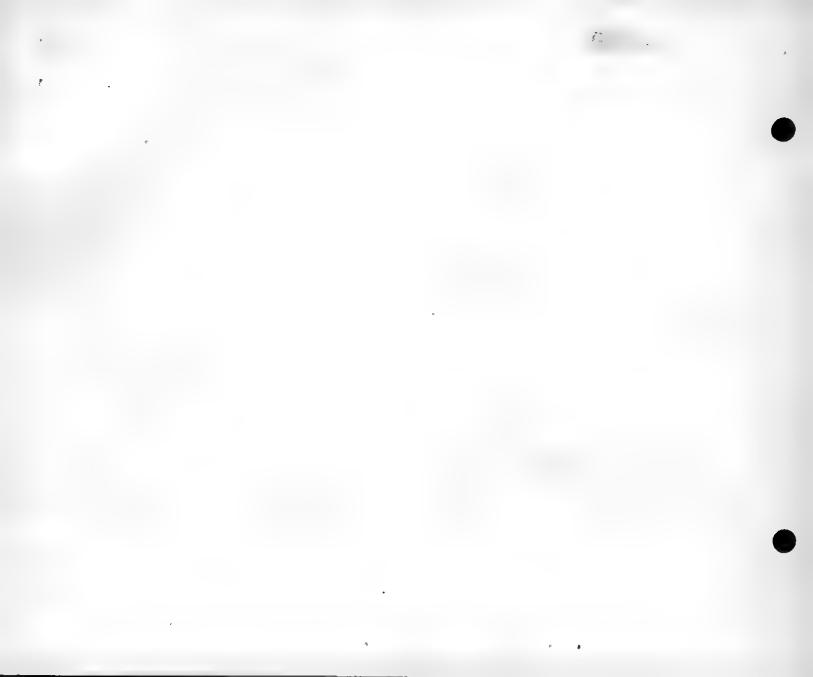


	n ]		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL	
1			10862 CERTIFICATE OF DEATH	10852
4	death	dean	PLACE OF DEATH  o COUNTY  Anne Arundel Maryland  2. USUAL RESIDENCE (Where dece	osed lived, if institution. Residence before odmission b COUNTY Anne Arundel
	nours after death	urs afte		orote limits, write RURAL and give nearest town)
	24 hou sid in by pers.	.72 hau	d. NAME OF HOSPITAL OR INSTITUTION (If not is hospital, give street oddress)  d STREET ADDRESS  d STREET ADDRESS	e. IS RESIDENCE On a Farm?
	vithin ely fille oan pa	within	NAME OF First Middle Lost 4. DATE	Month Doy Year
	e executed within 24 and campletely filled remave carban pape	event,	(Type or print) HOWATO VICTOR FIALL DEAT  SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH	August 24 19 66  9 AGE (In yeors   FUNDER   YEAR   FUNDER 24 HRS   Institute   Months   Days   Hours   Min
	be exer n and consistering		Male White WIDOWED DIVORCED June 25 1900  o USLAL OCCUPATION (Give kind of work done irring most of working ife, even if retired)  10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or INDLISTRY)	COUNTRY?
			Dental Surgeon Dentistry  B FATHER'S NAME  HOWARD Victor A. Hall  Orace	Brooks
	it the death certificate b the attending physician sit permit. Then please	or rem	(es. n) of unknown) (If yes give wor or dotes of service)  16. SOCIAL SECURITY NO  17. INFORMANT  (es. n) of unknown)	2// Address # 2
	the att	mation,	IB. CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  Archive carrier	INTERVA. BETWEEN ONSET AND DEATH LILLING CO.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 3	ır to burıol, cre	Conditions, if any, which gave rise to immediate cause (o), storing the underlying couse (o), lost.    Conditions   Condit	Elen V De De Cufucon
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the haspital or attendin TO FUNERAL DIRECTOR: After this certificate has bee director, page 3 shauld be detached far use as the	olth pric	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GI	VEN IN PART 1(0)  19 WAS AUTOPSY PERFORMED? YES NO 13
	SICIAN spital c ertificat	t, of He	200 ACCIDENT WAS UNDERLYING ☐ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or POR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ort II of item 18.)
	the har this c	ite Depi	20c. TIME OF INJURY Month, Day, Year Hour o m. p.m.  19  2Dd. INJURY OCCURRED While of work of	(City or town) (County) (Stote)
	TENDIN ined by R: Afte	the Sto	21. I certify that (I) (AND RESPONDENT attended the deceased from 12/4, 1963, saw the deceased alive an 8/24 1966, and that death accurred at	M. fram causes and an the date stated above
	OR AT be retor	ed with	220 SIGNATURE 4:45 P. COLLECTION M.D. ATTENDING MED. DIRECTOR	STAFF 226. DATE SIGNED PHYS. 25 66
	SPITAL 4 may IERAL I	ld be fil	22c. PHYSICIANS NAME (Type) Chard I. Huchman, m. J. 59 Frankler	A. Annapolis, rud
	Page TO FUR direct	shaw	TRMOVALISPECTY 2-27-1966 St. Hnne's	LOCATION (City or Town) (County) (State)  HN12 PO 115  TRAR 25b. REGISTRARS SIGNATURE
	VR A15 20 M L	(4) TO	on M. Laylor + Sons Comapolis, Md. DATE AUG	29 1966 galante g



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10863 111854 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH-DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a. STATE COUNTY Page. Maryland ANNE ARUNDEL Anne Arundel MARYLAND b CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 and M32 ofter Departi Pasadena Glen Burnie 2. PA d NAME OF HOSPITAL OR INSTITUTION (finat in haspital a ve street address) e IS RES DENCE ON A FARM? TOPADDRESS Carolina Av. n 72 hours Give Pages North Arundel General Hospital Pasadena. DATE YES NO [ haurs after death 3 NAME OF Middle Day DECEASED 8 (Type or print) HARGETT 14 19 66 JOSEPH DEATH with S SEX 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH ast pirthday) Item 18 Months Doys Hours WIDOWED DI∀OR€ED Office ( -9-46 eyent Male White CV ahd 10a. USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or fareign country) 10b KIND OF BUSINESS OR 12 CT ZEN OF WHAT during most of working ife, even if retired) COUNTRY? INDUSTRY gny pages Balto. Md.

14. MOTHER'S MAIDEN NAME TISA Examiner 13. FATHER'S NAME pencil within c INFORMANT pu James Hargett Ellen Stevenson be executed 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Medical permit. Mrs. Ellen Hargett 109 S. Carolina .ve. WIK (Yes, no, or unknown) (If yes give war or dates of service) remayal. No 212-46-8275 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Crushing chest injuries 50 IMMEDIATE CAUSE (o). ward certif cate shauld crematian, DUE TO Conditions, if any, which gave rise to immediate couse (a). DUF TO o stating the underlying cause lost. GS O burial, nsed 19 WAS ALTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) PERFORMED? please execute the certificate, YES X NO F 20a. EXTERNAL CAUSE WAS PRIMARY XI OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Hem. 18.) priar pirous CAUSE OF DEATH Passenger in auto into fixed object agent, MEDICAL 20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f. (City or town) (County) Male Haur a.m. Not While factory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page 2:45 XXXX 8 at wark 19 66 Highway Pinehurst Road at work designated 21. I certify that I taak charge of the remains described above, held an Autopsy KX, Inspection [ Inquiry [ and in my apinten the funeral director. death resulted froms Accident X Suicide Hamicide Natural causes Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER Ь 8-15-66 **EXAMINER'S** RUDIGER BREITENECKER, M.D. Health Address (Street city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23g BJRIAL, CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) (County) (State) 90 REMOVAL (Specify) Balto., Md. 8-17-66 New Cathedral 2Sq REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE D. 4101 Edmondson Av. VR ATSME (AS VCharty 6M 1/66



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
r <sub>ec</sub>	13864 CERTIFICATE OF DEATH	10855
-	PLACE OF DEATH a. CDUNTY A. C. LENGTH OF STAY IN 1b  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence (Where decease	160t /
1	3 write RURAL and give hearest town) 3 months Tilghman	e. IS RESIDENCE
	502 Church at.	ON A FARM? YES NO D
	NAME OF DECEASED (Type or print) PERTHA A. HARRISON DEATH A 1927	Day Year
	TEMPLE WIDOWED DIVORCED 1/20.4, 1894 72 yrs.	Pays Hours Min.
1	Oa. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR uring most of working life, even (f retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CIT	IZEN OF WHAT INTRY?
	Emil Scharch MARY NIGHT	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 219-05-1329 Mov. IVA PORTOR BOOK THUNK	115t . Wd.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). I  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Me fas ATIC (Freinstein)  Bone	ONSET AND DEATH
	Conditions, if any, which DUE TD CARLINGTO A BOTAST	7 grs
	gave rise to immediate cause (a), stating the Underlying cause last.	0
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, streat, office bldg., etc.)  While at work at work	ty) (State)
	21. I certify that (I) (this hospital) attended the deceased from	that (i) (we) last
		TE SIGNED
	and appropriate	25
	38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count REMOVAL (Specify) A09. 30, 1966 TIJODAAN WELLOCATED TIJODAAN	GF / QM
	24. FUNERAL DIRECTOR  ADDRESS  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SEP 2 1966 CLO  DATE  DA	signature reles Judge
1:	The state of the s	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. death 1. PLACE OF CEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Pages 1 urs after the fes 1 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours URAL and give nearest town) 0 .≘ bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET AODRESS IS RESIDENCE ON A FARM? 6. NO L YES etely law requires that the death certificate be executed within carbon NAME OF First Middle DATE Last Month Day Year DECEASED event, (Type or print) СОПР 19 5. SEX remove 6. COLOR DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS NEVER MARRIED Months Days any Hours and WIDOWED DIVORCED KIND OF BUSINESS OR please r = 10a. USUAL OCCUPATION (Give kind of work done) 10b. (County & State, or foreign country) 12. CITIZEN OF WHAT ifd, ever If retired) most of working **COUNTRY?** FATHER'S NAME 14. MOTHER'S attending-srmit. The m, or regnov WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 57. MARGARETS been signed by the atten the burial-transit permit. or to burial, cremation, or it (Yes, (no, or unkown) (If yes give war or dates of service) 18. CAUSE OF CEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician, IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) as the b rise to Immediate DUE TO cause (a), stating the underlying cause last. has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health certificate the PHYSICIAN: The PERFORMED? 6 YES NO KC 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) I be detached for State Dept. of I OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING 19 at work at work To HOSPITAL OR ATTENDIN should ith the S 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: age 3 should lied with the and that death occurred at 33 saw the deceased alive on A.M. from the causes and on the date stated above. SIGNATURE 22b. DATE SIGNED director, page should be filed ATTENDING MEO. DIRECTOR STAFF M.D. PHYS. FUNERAL PHISICIAN'S 22d. ADDRESS 0 BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR GREMATORY LOCATION (City town or county) (State) 23d. 2 FUNERAL DIRECTOR SIGNATURE 25b. REGISTRAR'S VR A15 (4) 1/65 20M

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10865 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10850FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY Washington, E.C. OUNTY, 3 ta ANNE ARUNDEL MARYLAND Department b CITY OR TOWN (If autside carporote .mits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corporate imits, write RURAL and give nearest town) 2, a... Rural, near Bristol affer District Heights d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE haurs Anne Arundel General Hospital (DOA) 7927 District Heights NO X in pencil in Item 18. Give Pages ate 24 haurs after death alang with 3 NAME OF Firs? Middle Last 4 DATE Doy Year DECEASED RANDOPH G. HEFLIN 28 within August 19 66 (Type or pont) DEATH S SEX F UNDER 1 YEAR IF JNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years lost birthdoy) Months Davs Hours 1/21/44 Male White WIDOWED DIVORCED Medical Examiner's Office Toa USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life even if retired)
Shoe Salesman COUNTRYSA INDUSTRY Washington D. C. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within Mary K. Savage Randolph G. Heflin pup 17 INFORMANT WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war or dates of service) or remayal. pending" Francis Fletcher 7927 Dist. Hgts. Parkway Md. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN fransit ONSET AND DEATH PART I, DEATH WAS CAUSED BY Cerebrocranial injury IMMEDIATE CAUSE (o). This certificate should ward crematian, DUE TO buriol Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse used as burial, c last. WAS ALTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? please execute the certificate. YES IX NO pe 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of nearly in Port or Port I of item 18.) should PRIMAR PO or CONTRIBUTING Driver of auto which hit a utility pole and overturned CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form. (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year foctory, street, office b.dg , etc } While Not White may be retained far yaur FUNERAL DIRECTOR: Page 8-28 19 66 Bristo1 Md. A.A. at work of work designated far 21. I certify that I took charge of the remains described above, held an Autopsy [X]. Inspection Inquiry and in my apinian death resulted from Natural causes Accident X Suicide Undetermined manner funeral director Homicide be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER X SIGNATURE Health or DEPUTY MEDICAL EXAMINER August 29, 1966 **EXAMINER'S** Charles S. Springate, M.D. Address (Street, city, town, or county) NAME (Type 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF (County) 50 BurREMOVAL (Specify) Prince Georges, Maryland 8/31/66 Ft. Lincoln Cemetery 24 FUNERAL DIRECTOR Wilhelm Funeral HomeADDRESS 250 REC'D BY REGISTRAR REGISTRAR S SIGNATURE Clianles VR A15ME (S) 4308 Suitland Rd. Suitland Md. 20023



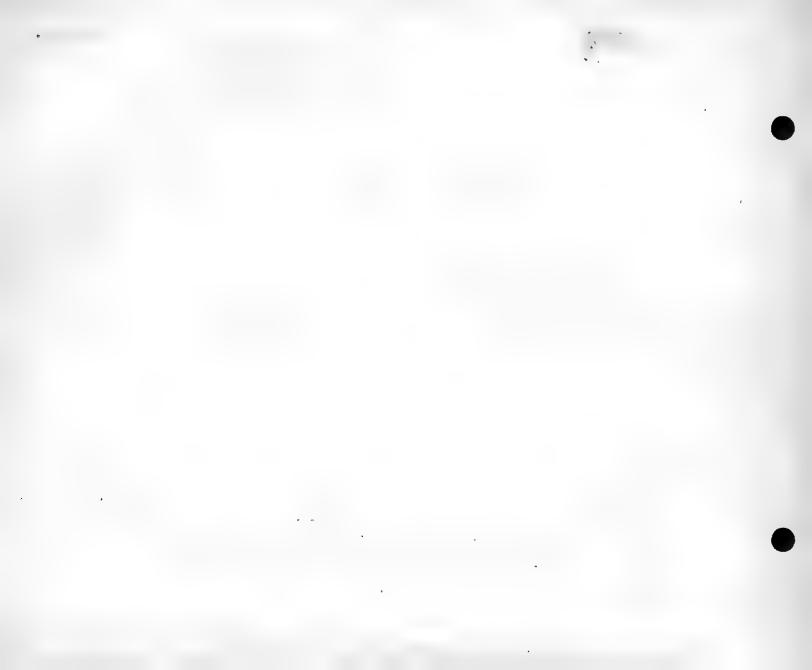
1		OF W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		CERTIFICATE OF DEATH 10857	
HEALTH DEPT. 프루음·프롤	1 PLACE OF DEATH  a COUNTY PL. PL. CO  MARYLAND	2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o STATE b COUNTY	
f any delay is 1, 2, and 3-ta m PM3: Page Department af	b (ITY OR TOWN (f autside carparate limits, c. LENGTH OF STAY IN 1b	CEAUVEU Dunck - Dallo 26	
form = 1	D.O.A-NOR L. HKCNDEL.	of STREET ADDRESS  SLY Jeenfull Rd. 1 - 1 B IS RESIDENCE ON A FARM? YES \( \sigma \text{NO} \)	一大
offer death  8. Give Page along with the stole with	3 NAME OF First Middle DECEASED (Type or prot) Crossy M.	Alelm. 4 DATE Month Doy Year OF DEATH 8 13 19 66	6
d within 24 haurs after death. If an pencil in Item 18. Give Pages 1, Examiner's Office along with farm File pages land 2 with the state De and in any event within 2 haurs	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  DC 128-1598  9. AGE (In years IF LNDER 1 YEAR FUNDER 24 HR)  Jost Arthday)  Vis Months Doys Hours Min	
24 haurs in Item 18 r's Office as Iand?	10a USUAL OCCLPATION (G ve kind of work done during most at warking tite eyen if retired)  Ob KIND OF BUSINESS OR MCNDDAY	Penna 2 CITIZEN OF WHAT COUNTY?	
d within 24 in pencil in Examiner's (File pages 1 and in any	John Helms	14. MOTHER'S MAIDEN NAME KatherineMoats	
xecuted nding" in Medical E permit. F imaval, a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no provided in the second of the sec	Family  Address Same	
ate shauld be e g the word "per id ta the Chief ! a burial-transit cremation, ar re	18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c))  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)	dass generaler Sonstandeath	_
e, writi forwari s used o	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a)  19 WAS AUTOPSY PERFORMED?  YES NO	= 적
MINER: This the certificate, a shauld be found in files.  The shauld be to a should be used and the shauld be used and the shauld be used and the shauld be used.	FRIMARY CANSE OF DEATH	(Enter nature of injury in Port I or Port i of item IB)	
		LACE OF INJURY (Hame, tarm totary, street, affice bldg , etc.)  20f (City ar town) (Caunty) (State)	
D DEPUTY MEDICAL EXAMINER: This certificatessary, please execute the certificate, writing the funeral director. Page 4 should be forwarded may be retained far your files.  FUNERAL DIRECTOR: Page 3 should be used as Health ar its designated agent, prior to burial,	21. I certify that I took charge at the remains described above, he	neld an Autapsy, Inspection, Inquiry, and in my apinion of the medical examiner	
ro DEPUTY ME necessary, plea the funeral dis 5 may be retai 10 FUNERAL DIR Health ar its di	EXAMINER'S E. L. Jhardt.	Address (Street, city, town, or county) 8/13/66.	_==
TO DEPU necessa the fun 5 may TO FUNE Health	230 BURIAL CREMATION, PARTY STATE THEREOF 230 NAME OF CEMETERY OR CONTROL OF CEMETERY OR CO	Cem Glen Burnie Md	
VR A15ME (5)	24 FUNERAL DIRECTOR ADDRESS  McCully FH 237 Patapsco Ave 21225	ALLG 18 1966 Clearles Judge	



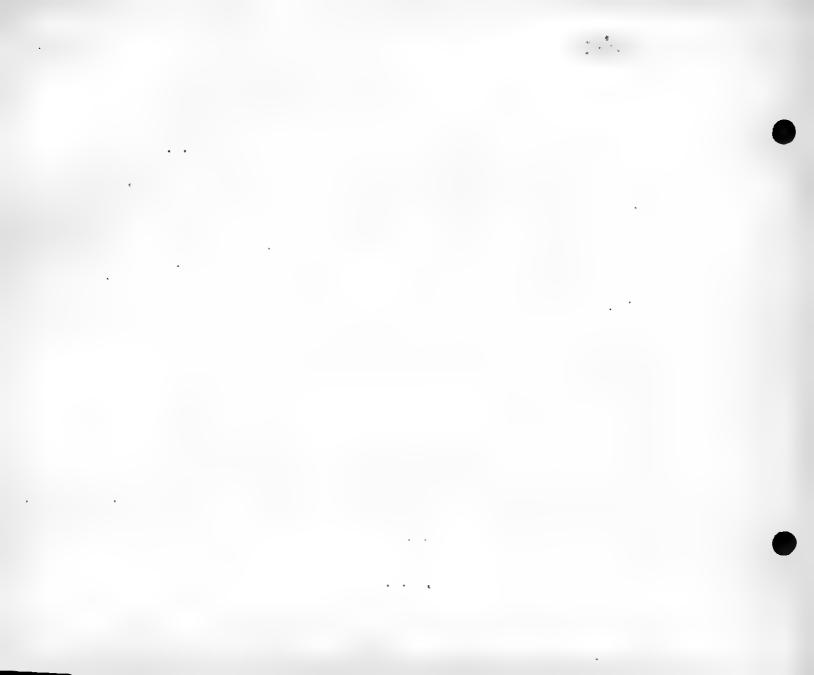
1. PLACE OF DEATH  a. COUNTY		SIDENCE (Where decreased lived, If In	
Anne Arundel  b. CITY OR TOWN (if outs de corporate limits,	maryland Md c. LENGTH OF STAY IN 16 C. CITY OR	b. COUNT  Anne Arun  TOWN (If outside corporate limits, write	del
write RURAL and give nearest town)	mil Clea	rwater Beach, Mo	
North Arundel Gen Hosp		arkway Drive	Day
DECEASED (Type or print) Otis S. Hi	Ltt	DEATH August	8.196
_Male White WIDOWED	Divorced June 29	9. AGE In years last birthday) 65 yrs	Months Days
loa. USUAL OCCUPATION (Give kind of work done during most of working life, evan if retirad)  Retired Tree Surgeon Bal		E (County & State, or foreign country)	12. CITIZEN
13. FATHER'S NAME	14. MOTHER'S	MAIDEN NAME	
Middleton Hitt  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SC  (Yes, no, or unkown)   (Ifyes give war or dates of service)	Annie	Shipley Address	
18. CAUSE OF DEATH lenter only one cause per line	? Margaret 1	M.Hitt.8209 Parl	kway D
PART I. DEATH WAS CAUSED BY:	Tyconolial suf	action.	5
Conditions, if any, which \ (b)	ronary occlusion	n	
gave rise to immadiate cause (a), stating the underlying cause last.	A.	dis vascular es	lisias
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE CONDITION GIVE	N IN PART I(a)
200. ACC.DENT WAS UNDERLYING   20b. DESCR OR CONTRIBUTING   CAUSE OF DEATH OF CHETTER, NOTIFY MEDICAL EXAMINER!	RIBE HOW INJURY OCCURRED. (Enter nature of	Injury in Part I or Part II of item 18.)	
ZOc. TIME OF INJURY Month, Day, Yaar 20d. INJ Hour a.m. Whila p.m. 19 et work [	JURY OCCURRED 200. PLACE OF INJURY (He factory, streat, offica b	oma, farm, 20f. (City or town)	(County)
21 I certify that (I) (this hospital) attende	d the deceased from 6 3.0	D 1958, 10 8-8	, 1946,
saw the deceased alive on	ATTENDING		id on the o
Z2c. PHYSICIAN'S	M.D. PHYS.	DIRECTOR PHYS.	
	1 SSWALW Jr MO /	010 St Paul S	+ Bai
NAME (Typé) Alxned G. C	23c. NAME OF CEMETERY OR CREMATORY		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10859 10868 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission). a COUNTY Marvland Page 0 <u>\_</u> ANNE ARUNDEL MARY, AND b CITY OR TOWN (f autside carparate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate imits write RURAL and give nearest town) c LENGTH OF STAY IN 16 ond after Stevensville ANNAPOLTS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS S RES DENCE ON A FARM? haurs ( Give Pages 1, ANNE ARUNDEL GENERAL HOSPITAL NO DE 3. NAME OF Middle First DATE Month Year DECEASED QF 8 23 WILLIAM HOLLINGSWORTH 1966 AMES (Type or print) DEATH IF UNDER 1 YEAR S SEX 6. COLOR OR RACE DATE OF SIRTH AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthday) Months Dovs Ĩ8 W DOWED DIVORCED White 2-2-48 event Male 10o LSUAL OCCUPATION (Give kind of work done 106, KIND OF BUSINESS OR 11. BIRTHPLACE (State ar Foreign country) 12 C TIZEN OF WHAT during most of working life, even if retired) COUNTRYS INDUSTRY in any GAS STATION ATTEMDANT in pencil i 13. FATHER'S NAME be executed within OLL MUGS WORTH JAMES and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN (Yes, no, or unknown) (If yes give war or dates of service) or removal, OLLINGSWORTH-STEVENSVILLE 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: NTERVAL BETWEEN ONSET AND DEATH Shotgun wound of chest IMMEDIATE CAUSE (a) s a burial-tra crematian, r This certificate shauld writing the ward DUE TO Conditions, if any, which gave rise to immediate cause (a). DHE TO stating the underlying cause S bar'al, ( 19. WAS AUTOPSY PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) PERFORMED? YES T NO Đ 20o. EXTERNAL CAUSE WAS PRIMARY XX or CONTRIBUTING ☐ CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) should GECAL EXAMINER: Apparently shot self 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or tawn) (County) (State) 20c. TIME OF INJURY Mapth Day Year foctory street, affice bldg, etc.) Hour XXX Not White at work of work 19 66 Stevensville Md. 8:00 pm designated 21. I certify that I took charge of the remains described above, held an Autapsy K Inspection [ Inquiry [ ond in my opinion FUNERAL DIRECTOR: Accident \_ Suicide X death resulted fram: Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 8-24-66 **EXAMINER'S** Health | RUDIGER BREITENECKER, M.D. Address (Street, city, town, or county) NAME (Type) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 50 0 EASTON OOD LAWA 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S VR A15ME (5) 1966 DATE



1 1	Division of STA	MARYLAND STATE I ATISTICAL RESEARCH AND RECORDS,	DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BAI	LTIMORE, MARYLAND 213	201
FOR STATE	10869	MEDICAL EXAMINER'	S CERTIFICATE OF DEA	ATH	10860
HEALTH DEPA	O COUNTY ANNE ARUN	- THING COUNTY	o STATE Maryland		ARUNDEL
2, ond 3 to PM3. Poge portment of after death	b CITY OR TOWN (If outside corporate write RURAL and give nearest town Mayo		Edgewate	porote limits, write RURAL and give	e neorest town)  ( Z · 1
The Deep rs of	d name of hospital or institution ANNE ARUNDEL GE		d STREET ADDRESS Edgewate	er P.O.	e IS RESIDENCE ON A FARM? YES NO
0	3 NAME OF DECEASED (Type or print) FRAM			TH August 28, 19	before odmiss on)  ARUNDEL  neorest town)  ON A FARM?  YES NO X  Doy Year  6 19  YEAR IF UNDER 24 HRS  DOYS HOURS MIN  IN OUT WHAT  ONSET AND DEATH  9 WAS AUTOPSY PERFORMED?  YES X NO   14)  (Stote)  Md.  and in my apinian  22. DATE SIGNED  29, 1966
	S SEX Male 6 COLOR OR RACE Negro	WIDOWED DIVORCED	3/2/19/8	9 AGE (In years IF UNDER nost withday) Months	Days Hours Min
nin 24 hours In er's Office They office They office They office They office	100 USUA) OCCUPAT ON (Give kind of work of during lost stylytiking life, even if fetired)	dane 105 K ND OF BUSINESS OR NDUSTRY	Marylan	(country) 12 CT	MAY S.Q.
within a pencil Edmine Free game in o	Charles W	oward	Bessel	Sellman	
cuted v ng" in dicol E	IS. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no) of link (Gwn) (If yes g ve wor or do	ntes of service)	nanon Wow	arl-19714	Belle
should be execute ne word "pend ng" to the Chief Medical buriol-tronsit permit. motian, or removol,	PART I DEATH WAS CAUSED BY	e couse per line for (o), (b), and (c))  AUSE (o)  Cerebroo	ranial injury		
ote should g the word ed to the Cl s o buriol-tre cremotion,	Conditions, If any, which gave	DUE TO (b)			
s certificate should e, writing the word farwarded to the Ch s used as a burial-tra	stoting the underlying couse	DUE 10 (c)			
= t	PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NOT RELATED T			
4 7 2 0	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH  200 TIME OF INTERNAL CAUSE WAS CAUSE OF DEATH  200 TIME OF INTERNAL CAUSE WAS CAUSE OF DEATH  8-28	Passenger in car	D (Enter nature of injury in Port I or which overturned	i	
EXAMINER: Ute the cert oge 4 should your files. Poge 3 shou	0115 pm 0 20	1966 otwork otwork	octory street, off ce blag, etc) Street	Mayo A.A	. Md.
MEDICAL EXA please execute director. Page estained for you DIRECTOR: Page 15 designated a		narge of the remains described above, patural causes , <u>Accident K</u> , S	uicide 🔲, Hamicide 🔲,	ctian [], Inquiry [], Undetermined manner [	
Y MEDICA please ey ol director. I berained its design	ACTUAL SIGNATURE Charles	J. J.	CHIEF MEDICAL EXAMINED  ASSISTANT MEDICAL EXAMINED  ASSISTANT MEDICAL EXAMINED  CONTROL OF THE PROPERTY OF THE	ATNER 🔀	
o DEPUTY MEDICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your of FUNERAL DIRECTOR: Page Health or its designated age	MAME (Type)	S. Springate, M.D.  E THEREOF 23c NAME OF CEMETERY (	DEPUTY MEDICAL EXAMIN Address (Street, city, tow		
0 s = 20 s	Bremoval (specific)  21 Fundral Prector	166 Depen	Chapel &	delivater.	S74
VR AISME (SOLL)	VIII	also IP Omente		1986 Charles	udge



DIVISION OF STATISTICAL RESE		PARTMENT OF H 5, 301 W. PRESTON S		IARYLAND
10870	CERTIFICAT	E OF DEATH		10861
1. PLACE OF DEATH 8. COUNTY ANNE ARUNDEL	MARYLAND	- 4-1	Where deceased lived, If institution: RAPUNDEL b. COUNTY MA	esidence before admission
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  ANNAPOLIS	c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (IF outs	side corporate limits, write RURAL	and give nearest town
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET ADDRESS 396 MAPLE AV.	E APT. A JESSUP M	e. IS RESIDENCE ON A FARM?
3. NAME OF FIRST DECEASED	MIddle	Last 4.	DATE Month	Day Year
(Type or print)  5. SEX  6. COLOR OR RACE  MAIR  CAUC  WIDOWED  103. USUAL OCCUPATION (Give kind of work done)  105. K	DIVORCED		9. AGE (in years   FUNDER last birthday) yrs.  State, or foreign country)   12. CC	24 1966 I YEAR IF UNDER 24 HRI Days Hours Min. I 7 48 ITIZEN OF WHAT DUNTRY?
13. FATHER'S NAME  JOHN W. HOWELL		MARILEA RAI	NAME	SA .
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	(F)	JOHN W. HOWE	Address LL 396 MAPLE AVE	E APT A MD.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	EMATURITY			ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED  20a. ACCIDENT WAS UNDERLYING CONTRIBUTED  20b. E 00 CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			ASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO [
Hour a.m. While p.m. 19 at work	Not While facto	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town) (Cou	
21. I certify that (I) (this hospital) attended saw the deceased alive on 24. AUGUST 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) RICHARD RALPH I	1966, and that	death occurred at 250  ATTENDING MED. PHYS. DIRE	PM, from the causes and on the	he date stated above ATE SIGNED AUGUST 1966
BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 2/26/66	23C. NAME OF CEMETERY U.S. NAV2  ADDRESS	PR ONEMATORY  //Cademy  25a. REC'D I	23d. IGCATION (City, town or country)  BY REGISTRAR   25b. REGISTRAR	
John 11 Jaylaton Co	iniagoli,	nd. DATE AUL	629 1966 golo	Her Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 PLACE OF DEATH B. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) after the es 1 MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give mearest town) Diffoutside corporate limits, write RURAL end give nearest town C. LENGTH OF STAY IN 1b c. CITY OR TOWN Á hours hours Beach, Ratar Æ bon papers. within 72 ho B. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital/give street address) filled d. STREET AODRESS ON A FARM? none Whatan NO 54 YFS and completely remove carbon executed within 3. NAME OF DATE First Middle Last 4. Month Day DEATH Clegus DECEASED event, 621. 19 66 TEWER (Type or print) 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (by years | IFUNOER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 9. 7. MARRIED NEVER MARRIED any WIDOWEO OIVORCEO [ Yrs. Ξ 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please during most of working lifer even if retired) INOUSTRY and .5.4. Muneer Wir sucan. certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16, SOCIAL SECURITY NO INFORMANT Address ö ( If yes give war or dates of service) (Yes, no, or unknym) death been signed by the attraction the burial-transit perming to burial, cremation, o フレビ NTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND OFATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate this certificate has been detached for use as the e Dept. of Health prior to DUE TO (a), stating the underlying cause last. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATI Kene\_ NO D YES the hospital 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) be de State factory, street, office bldg., etc.) Hour a.m. While Not While After Id be d at work ATTENDING at work p.m. 19 be retained director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at & saw the deceased alive on Lucaus M, from the causes and on the date stated above. 22b. OATE SIGNEO 22a. SIGNATURE ATTENOING PHYS. **OIRECTOR** PHYS. To Host Page 4 may I M.D. PHYSICIÁN'S FUNERAL 22d. **ADORESS** NAME (Type) (State) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23c. REMOVAL (Specify) HAVEN CEMETERY MARYENND 8-6-66 BALTIMORE GLEN REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR AOORESS 1966 VR A15 (4) HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229 DATE 15M 4-64



1	MAKTLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
2 ~~	10873 CERTIFICATE OF DEATH 10863	
OK ATTENDING PHINCAM: The law requires that the death certificate be executed within 24 haufs after a cannube retained by the haspital or attending physician.  SIRECTOR: After this certificate has been signed by the aftending physician and campletely filled in by the funeral is 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages I and 2 ed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission)  o. COUNTY  o. STATE  b. COUNTY	
e - fe	Anne Arundel Maryland Anne Arunde	
ges off	b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)	
ampletely tilled in by the tu ve carban papers. Pages I event, within 72 hours after	Annapolis J. day Annapolis	
	d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address)  d STREET ADDRESS  e IS RESIDEN ON A FARN	CÉ
	Anne Arundel General Hospital 43 Calvert Street YES 1 NO	
	3 NAME OF First Middle Last 4 DATE Month Doy Year	
	OF OF OTHER DEATH August 27 19 66	6
	S SEX 6 COLOR OR RACE - MARRIED   B DATE OF BIRTH 9 AGE (In years   IF UNDER 1 YEAR   IF UNDER 24	HRS
	Female Negro WIDOWED X DIVORCED June 26, 1883   lost birthdoy) Months Days Haurs	Min.
	100 USUA, Off-PATION Give kind of work done 100 KIND OF RUSINESS OR 11 RIPPHPIACE (County & State or foreign country) 12, CITIZEN OF WHAT	
	during Frost of working life, even if retired)  INDUSTRY ******  A.A.Co. Maryland  U.S.A.	
	13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME	
	Jasper Green Amelia Harris	
	Jr. WAS DEFENDED OF THE STATE O	
	(Yes, no or unknown) (If yes give wor or dates of service) 214-05-2474-F2 James A. Johnson-43 Calvert St. Anna. Mo	d
burial, crematian, ar remaval,	1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove is to immediate cause (a),  (b) A)  Collaborations of the couse (a),	
	stoting the underlying couse (c)	
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS	Y
	YES NO	
	200 ACCIDENT WAS UNDERLYING   201 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 1B.)  202 OR CONTRIBUTING   203 ACCIDENT WAS UNDERLYING   204 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 1B.)	
	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour am. While Not While factory, street, affice bldg, etc.)	(et
	p.m. 17 grwork — grwork —	
	21. I certify that (I) (this haspital) attended the deceased from August 26, 19.66, to Aug. 27, 19.66, that (I) (we	
	sow the deceased alive on 19 2 and that death occurred at M, from couses and on the date stated o	Dove.
	220. SIGNATURE ATTENDING MED. STAFF 22b. DAVE SIGNED	
	Taye Kyle 1712 PHYS & DIRECTOR LI PHYS. LI 8/24/6	(2
1	22c PHYSICIANS NAME (Type) ? Zey; (i ((() ) (() ) ) (() ) (() ) ? Co file leaf 5 **	
	230 BURIAL, CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote	e)
	Britia pecty) Aug. 31-66 Brewer Hill Annapolis, Md.	
	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 255 REGISTRAR'S SIGNATURE	
,	C.E. Hicks 111 Annapolis, Md. DATE SEP 2 1966 Misseles Judg	L
d i		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RE 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S FOR STATE ERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, if institution; Residence before admission) a. COUNTY Page a. STATE b. COUNTY Health, MARYLAND YOR TOWN (If our E. LENGTH OF STAY IN 16 N (If outside corporate firmits, write RURAL and give nearest town) 5 TO OF HOSPITAL OR INSTITUTION nol in hospita, giva straat adarass) a. IS RESIDENCE ON A FARM? be refained the State B YES NO death. 3 to the fur. NAME OF Middla DECEASED OF DEATH (Type or print) after with. 6. COLOR OR BACE DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED 17 NEVER MARRIED may 2 with jast birthday) Months Days Hours MIn. WIDOWED DIVORCED and 10b. KIND OF BUSINESS OR INDUSTR foraign country 12. CITIZEN DE WHAT COUNTRY? thin 24 hours aft Give Pages 1, 2 orm PM3. Page Page pages 1 within 13. 8 event WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yas, no, or unkown) | (Ifyasgivawarordatasofservica) " in pencil in Item 1 Office along with burial-transit permi AUR 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] HEVAL BETWEEN C PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) DUE TO removal 4411 e should Conditions, if any, which (b) gava risa to immediata causa en ro DUE TO (a), stating the undarlying SP Examiner' cremation, or causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED ledical Ex 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, lEnter nature of injury in Part I or Part II of tem 18 , PRIMARY | or CONTRIBUTING | age 3 sho E CAUSE OF DEATH. (7) WEDICAL Month, Day, Year | 20d, INJURY OCCURRED | 20s, PLACE OF INJURY (Home, form 20f, (City or town) 20c. TIME OF INJURY (County) (Stata) factory, street, office bldg., atc.) 2 Not While While Houz a.m. the R prior at work at work 19 forwarded to t 21. I certify that I took charge of the remains described above, held an Aulopsy I Inspection Inquiry and in my opinion Undetermined manner death resulted fro Accident Suicide Homicide causes CHIEF MEDICAL EXAMINER designated ACTUAL should be for FUNERAL I ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER A **EXAMINER'S** NAME (Typa) Address (Streat city, town, or county) 22a BURIAL, CREMATION, 225 DATE THEREOF 226. AOCATION (Cuy, town, or couptry) (Stata) 6 0 Q 4 Q 24b. REGISTRAR'S SIGNATURE ¥5 A15ME SM 9.60



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death pup 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and campletely filled in by the funeral remove carbon papers. Pages 1 and PLACE OF DEATH o. COUNTY o. STATE **b** COUNTY MARYLAND C. LENGTHY OF STAY IN 16 (If outside corporate limits outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INST TUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? NO NAME OF MINORY 4. DATE Month DECEASED OF DEATH (Type or print) IF UNDER 24 HRS. S SEX B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR NEVER MARRIED lost birthday Months Days Hours WIDOWED DIVORCED 100 USDAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR CITIZEN OF WHAT 11. BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) -OINDUSTRY COUNTRY? and Eugenea FATHER & NAME MOTHER'S MAIDEN NAME INFORMANT. WAS DICEASED EVER INJUS ARMED FORCES? 16. SOCIAL SECURITY NO. (if yes give wor or dates of service unknown O. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one rouse per line for (a), (b), and (c), burral-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO for 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 181) the haspital detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While at work 21. I certify that (I) (this hospital) attended the deceased fram. \_\_, that (I) (we) last and that death occurred at 43% 8-29-6089 saw the deceased alive an M, from causes and on the date stated above 22b. DATE SIGNED 220. SIGNATURE M.D. DIRECTOR directar, page should be filled 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23d-LOCATION (City or Town) 230 BURIAL, CREMATION 23b (County) (Stote) 2So. RECO BY REGISTRAR 2Sb. REGISTRIR'S SIGNATURE VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10875 CERTIFICATE OF DEATH requires that the death certificate be exeguted within 24 hours after death and completely filled in by the funeral remove carbon papers. Pages 1 apd PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p. COUNTY a. STATE b. COUNTY Marvland Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 15 c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town) D.O.A. Crownsville Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in pospital, give street address)

Anne Arundel General Hospital d STREET ADDRESS e IS RESIDENCE ON A FARM? by the attending physician and "complistely filled in transit permit. Then please remave carbon paper: crematian, or removal, and in any event, within 72 Box-63 Anne YES 🗍 NO T 3. NAME OF First Middle Last 4. DATE Month DECEASED OF DEATH 19 66 **JONES** August Harvey John (Type or print) IF UNDER I YEAR IF LNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED XX **NEVER MARRIED** 8 DATE OF BIRTH AGE (In years last birthday) Months Hours Male White WIDOWED DIVORCED physician and the please removed Jan. 31. 10g USUAL OCCUPATION (Give kind of work done JOB KIND OF BUSINESS OR 1 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? dufing most of warking life, even if ret red) ANDUSTRY HENDERSON Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates of service INTERVAL BETWEEN signed by the a burial-transit per burial, crematia 1B. CAUSE OF DEATH (Enter only one cause per ligg for (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO INSCIPRITE HEART DISEASE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause as the priar to l by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPS! PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? 3 should be detached for use with the State Dept. of Health NO KY 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Not While Haur a.m. factory, street, office blda, etc.) at work , 1966, that (1) (we) last 21. I certify that (I) (thischoopted) attended the deceased from APPLI Page 4 may be retained saw the deceased alive an 15 July 1966, and that death accurred at M, from couses and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED MED.
DIRECTOR M.D. PHYS director, page 3 should be filed v PHYS. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) Edward S. Beck. M.D. Franklin St., Annapolis, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify) HILLEKEST 3.AL REGISTRAR'S SIGNATURE ADDRESS 2Sb 24 FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 1966 VR A15 (4) DATE



	1.1	tems 20%21 Film 300 9-6	MARYTAND STATE DEP	PARTMENT OF HEALTH	
1	1	Division of STATISTICAL RESE	ARCH AND RECORDS, 301	W. PRESTON STREET, BALTIMORE, MARYLA	AND 21201
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Pin Sing H		220. SIGNATURE	20, 19 00 , unu mui		22b. DATE SIGNED
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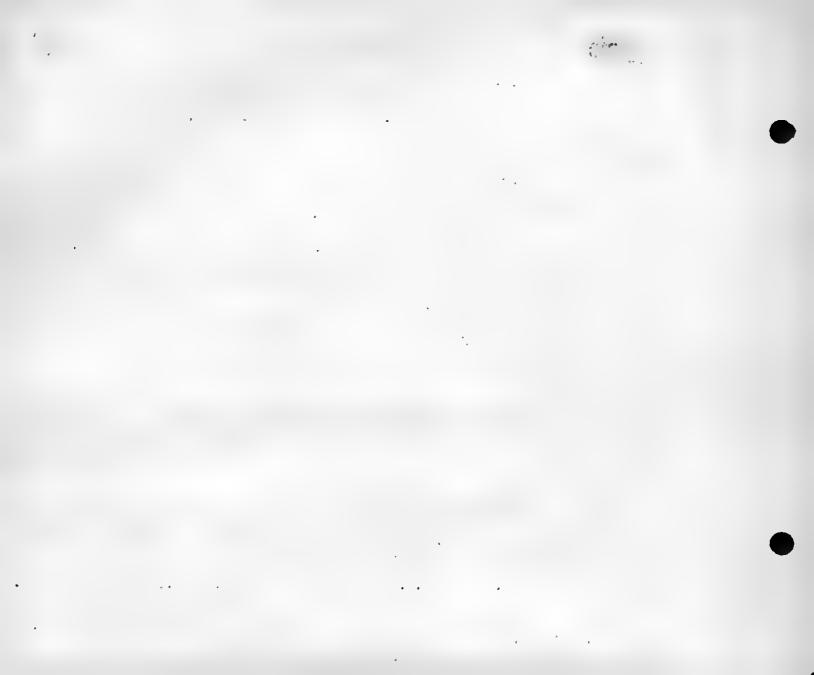
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OR CONTRIBUTIN	G [ ] CAUSE OF DEATH	. DESCRIBE HOW INJURY OCCUR	KED. [Enter neture of injury in P	ent for Fert II of Hem 18.)	
	Y MEDICAL EXAMINER)				
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P.m.		of work et work		11 51	/
21. I certify	that (I) (this hospital)	attended the deceased from	2/26 19	66 10 8/23.	/(c.(19, that (1)
1	ased alive on 8/23	/ 6 . 19 and the	nt death occurred at \$4	ZM, from the causes a	nd on the date states
22a SIGNATURE		,			2:
Hickory	Oll Shint		M.D. PHYS.	D. STAFF	
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	1 11/1/11/11/11			Jany, 9403 /010	Lucial A.
23e. BURIAL, CREMA REMOVAL (Specif	TION, 236. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, lov	vn or county)
Burial	8-25-66	Mt. Aubu		Baltimore,	Maryland
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	Z5a. REC'D	BY REGISTRAR 256, REG	SISTRAR'S SIGNATURE
	T		DATE AU	G 2 9 1966 /	Wharles Jud



		MARYLAND STATE DEPARTMENT OF HEALTH	DVIAND
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA  CERTIFICATE OF DEATH	10869
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	3.	NAME OF First Middle Last 4. DATE Month OF OF DEATH A49	Doy Yaar
and the state of t	5.	SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year, IF UNDER 1 Y	EAR IF UNDER 24
(2		USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZ te during most of working life, even if retirad)	EN OF WHAT COU
		FATHER'S NAME  14. MOTHER'S MAKE	-S.A
		Ludwig Kreusinger	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  i, no, or unkown)   (Ifyesgivawerordatesofservice)    NO NE SLU-01-7223 MARY KREUSINGER 2362 WI	Kens A
		18. CAUSE OF DEATH [Enter only one couse per line torae), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWE
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		(a), stating the underlying DUE TO cause last,	
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	ICAL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, Farm, 20f (City or lown)) (Count	(S+)
	MEDIC	Hour a m.  p.m.  19   at work   at work   at work	
		In A	(, that (I) (***
		saw the deceased alive on	e date stated a
		22c, PHYSICIAN'S  DIRECTOR PHYS. DIR	^
1	_	NAME (Type) 1. F. ARL PES 4001. WITHERS FO	tril .
	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY  REMOVAL (Specify)  8-8-66 Location (City town or county)  BURIAL, CREMATION, 23b. DATE THEREOF  23c. NAME OF CEMETERY OF CREMATORY  BURIAL, CREMATION, 23b. DATE THEREOF  23c. NAME OF CEMETERY OF CREMATORY  BURIAL, CREMATION, 23b. DATE THEREOF  23c. NAME OF CEMETERY OF CREMATORY  BURIAL, CREMATION, 23b. DATE THEREOF  23c. NAME OF CEMETERY OF CREMATORY  BURIAL, CREMATION, 23b. DATE THEREOF  23c. NAME OF CEMETERY OF CREMATORY  BURIAL, CREMATORY  BURIAL	Md
0	24	FUNERAL DIRECTOR'S SIGNATURE ALL ADDRESSACE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE
		2 DATE AUG 8 1956 POLICE	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10870 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) n. COUNTY o. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 6hrs. Annapolis RURAL - Arnold d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a IS RESIDENC ON A FARM? Rt-2, Box-166 Anne Arundel General Hospital YES 🗔 NO EZ NAME OF Middle 4. DATE Month Year carban DECEASED (Type or print) 19 66 LANDRETH August Rachael Onal DEATH 9 AGE (In years S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED NEVER MARRIED XX B. DATE OF BIRTH remaye last birthaov) Months Dovs Hours White Female WIDOWED DIVORCED Aug. 8. 1966 Do USUAL OCCUPATION (Give kind of work done IGH KIND OF BUSINESS OR 1). BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Anne Arundel, Maryland Newborn 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Delbert Landreth Juanita Hall IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) None Delbert Landreth Same as 2 -D 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH transit PART I. DEATH WAS CAUSED BY: signed by the burial trans IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the priar ta TO FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPS!
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES [ NO 16" Į0 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) the hospital 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dc TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While 19\_66, to. 8-2, 1906, that (I) (size) lost 21. I certify that (I) (this Chospital) attended the deceased from. ond that death occurred at 24 PM, from causes and on the date stated above. saw the deceased olive an\_ 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 48 Balto-Anna. Blvd., Severna Park, Md. Raymond P. Srsic. M.D. directar, shauld b 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BUR AL, CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) . Hillcrast Memorial August 10. Anna**c**olis 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Bell Jr. Charles F. A. Fill Hopping Funeral Home 172 West Annapolis



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10880 CERTIFICATE OF DEATH ·5~ requires that the death certificate be executed within 24 hours after death and and campletely filled in by the funeral remove carbon papers. Pages 1 and to any event, within 72 hours after deaf PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if institution. Residence before admission) a. COUNTY a. STATE b. COUNTY Anne Arundel Maryland MARYLAND Anne Arundel C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) 21 days. RURAL Severna Park Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? any event, within 72 NO. Box 336 Anne Arundel General Hospital NAME OF Middle Lost 4. DATE Manth Day Year DECEASED 19 66 Carlton **LEACOCK** August 29 John DEATH (Type or print) IF UNDER 1 YEAR IF JNDER 24 HRS S SEX B. DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Manths last birthday) Days Haurs WIDOWED DIVORCED April 22, 1905 White Male 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT Ida, USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR permit. Then please r during most of working life, even if retired) Construction **COUNTRY?** Pennsylvania U.S. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME S. Ralph Leacock Florence Jackson IS WAS DECEASED EVER IN ILS ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Md : (Yes, no, or unknown) (If yes give war ar dates af service) Mrs. Florence Leacock. Severna Park 211-10-9515 signed by the attent burial-transit permit burial, cremation, a INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar ta 19. WAS AUTOPS'
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO PHYSICIAN: 205. DESCRIBE HOW INJURY OCCURRED. (Enter negure of injury in Port I or Port II of item IB.) 20o. ACC DENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg, etc.) Hour a.m. Not While at work 2]. I certify that (I) (this hospital) attended the deceased from August 8 , 19.66, ta Aug. 29, 19.66, that (I) (we) last 19 (QU, and that death occurred St OO AM, from couses and on the date stated above director, page 3 shauld shauld be filed with the saw the deceased alive on a 22a SIGNATURE 22b DATE SIGNED **ATTENDING** M.D PHYS DIRECTOR PHYS. 22d, ADDRES 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION 23b DATE THEREOF (County) Aug. 29, 1966 Bloomingdala Cemetery Bloomingdale Luzerne INERAL DIRECTOR VR A15 (4) DATE SEP Minglen 1966 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10881 deoth. deoth. puo 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Anne Arundel Marvland MARYLAND requires that the death certificate be executed within 24 hours, efter n n e b. CITY OR TOWN (If autside carparate limits, r. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give negrest town) write RURAL and give pearest tawn) Glen Burnie Burnie Days Glen and completely filled in the remove corbon papers. In any event, within 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? North Arundel Gen. Hospital 201 Georgia Ave. N/F YES NO X 3 NAME OF First Middie 4 DATE Year Day DECEASED WILLIAM LIEBIG DEATH August (Type or print) 19 66 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED signed by the attending physicion and-come burial-tronsit permit. Then please remove buriol, cremation, ar removal, ond in any evi last birthdoy) Months Days Hours DIVORCED WIDOWED White Male 10.1896 10a JSUAL OCCUPAT ON (Give kind of work done 1Db KIND OF BUSINESS OR 31 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT COUNTRY? during most af warking life, even if retired) INDUSTRY Richmen Va.

14. MOTHER'S MATDEN NAME Warehouse Mor. H.S. Steel (Ret. U.S.A 13. FATHER S NAME (unknown) (Unknown) Liebio IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service) IdldT 213-03-4588 William F. Liebio (son) Same as # 2 Yes INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) ONSEL AND DEATH PART I DEATH WAS CAUSED BY orcurun IMMEDIATE CAUSE (o) the hospitol or ottending physicion. DUE TO Canditions, if any, which gave rise to immediate couse (a). DUE TO storing the underlying couse O FUNERAL DIRECTOR: After this certificate has been the with the State Dept. of Health prior to last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES [ NO E jo 20g ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) Not While 194/2. to 1946, that (1) (we) last 21 I certify that (I) (this haspital) attended the deceased from Links VI be retoined 19 40, and that death accurred at 121/2 My fram causes and an the date stated above. saw the deceased alive an (thight) 220. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. director, page 3 should be filed v M.D. PHYS 22d, ADDRESS PHYSICIAN S CrAIN NAME (Type) PRC DEMALC 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) 12.1966 Baltimore Nat'l Baltimore Maryland Cemeterv RECD BY REGISTRAN G 16 1966 24. FUNERAL DIRECTOR VR A15 (4) Glen Burnie, Md. DATE Richard V. Singleton

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH INVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. after death, PLACE OF OFATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours DURMI n Burnie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? 24 жож YES executed within NAME OF First DATE etel \* Middle Month Day DECEASED (Type or print) DEATH 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Oays | Hours | Min. SEX 6. COLOR OR RACE OATE OF BIRTH 7. MARRIEO NEVER MARRIEO епо 02 and DIVORCED [ WIDOWEO [ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT sician lease r amil in death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Bethlehem Steel U.S Electrician Baltimore. Md. 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME unknown unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Glen (Yes, no, or unkown) | (If yes give war or dates of service) 01:3-01-7139 Mrs. Myrtle List - 249 Carroll Burnie INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physiclan. been signed l the burial-trai or to burial, ma OUE TO nsire Cardio-Vascular Discuse Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the has by as the prior t underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate CERTIFICAT ND [ YES 5 PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING F 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part |) of Item 18.) DR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this detain (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) III de State ( factory, street, office bldg., etc.) Hour a.m. After d While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: age 3 should led with Ihm and that death occurred at 6 20M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNEO ATTENOING page M.O. DIRECTOR HOSPITAL FUNERAL ADORESS PHYSICIAN'S TO FUNERA director, should be NAME (Type) BURIAL, CREMATION, 23b, OATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23c. 23a. REMOVAL (Specify) Glen Haven Memorial Pk Aug. 12,1966 Buria. 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR George J. Gonce - 4001 Ritchie Hgwy., Baltimore DATE VR A15 (4) 20M 1/65



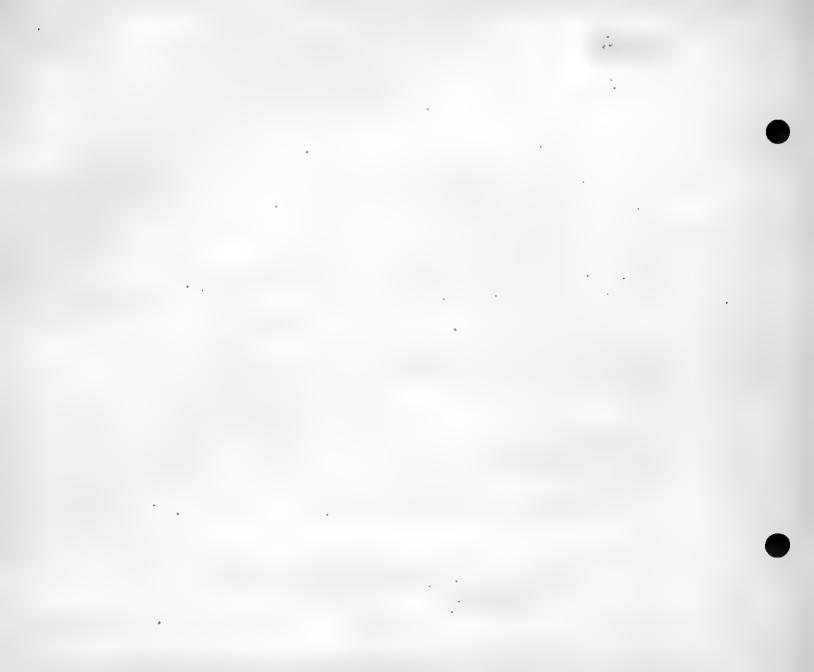
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10883 deoth. ond 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY o. STATE **b** COUNTY ANN ARUNDEK requires that the death certificate be executed within 24 hours after MARYLAND b CITY OR TOWN (If outside corporate imits C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) FT. G. G. MEADE, MD. ODENTON d. NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) e IS RES DENCE d STREET ADDRESS ON A FARM? 515 RITA DR. KIMBROUGH ARMY HOSPITAL YES NO X 3 NAME OF 4 DATE First Middle Month Doy DECEASED 1966 MARTEL AUGUST 11 BETTY DEATH (Type or print) 50 1 YEAR IF UNOER 24 HRS S SEX 6. COLOR OR RACE 8. OATE OF BIRTH 9. AGE (In years IF UNDER 7 MARRIED **NEVER MARRIEO** remove birthday) Months Hours 12 OCT. 1891 signed by the ottending physician and co burial-transit permit. Then please rema burial, cremation, or removal, and in any WIDOWED T DIVORCED FEMALE CAUC. 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) U.S.A. during most of working life, even if retired) HOUSE WIFE NEW YORK, NY. 14. MOTHER'S MAIOEN NAME 13. FATHER'S NAME ROSE GUSTANE MARTEI IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates of service) MRS. VIVIAN MCGHAN 515 Rita Dr. Odenton MALERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. OEATH WAS CAUSED BY CARDIAC STANDSTILL IMMEDIATE CAUSE (a) **OPERATION** DUE TO 20 JUNE 66 Conditions, if any, which gave (b) CARCINOMA OF PANCREAS POST- RESECTION rise to immediate cause (a), **DUE TO** stating the underlying cause be detached for use as the State Dept. of Health prior to hos been 5 AUG 66 () POST-OPERATIVE INTRA ABDOMINAL ABSCESS last. 19. WAS ACTOPSY PART II, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate 20g ACCIDENT WAS UNDERLYING E 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20c. TIME OF INJURY Manth, Oay, Year factory, street, office bldg., etc.) Not Whife at wark at wark , 1966 , to 11 AUG , 1966 , that (I) (we) last 21. \* certify that (1) (this hospital) attended the deceased fram 22 MAY. be retoined director, page 3 should should be filed with the 19 66, and that death occurred at 6 A.M. from causes and on the date stated above. saw the deceased alive on 11 AUG 22a. SIGNATURE 22b DATE SIGNED ATTENDING 11 AUG 66 M.D. DIRECTOR 22d. ADORESS PHYSICIAN'S NAME (Type) Raymond E. Ponce 23o. BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Buria Marys Cemeter 256. REGISTRAR'S SIGNATURI 24. FUNERAL DIRECTOR Zan VR A15 (4) 1956



e produce de la constante de l	-	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
The second of th	म् <u>क</u> ्रथ्य	10884 CERTIFICATE OF DEATH 10875	
p 38	funeral funeral r death.	1. PLACE DE DEATH  a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, 12 institution: Residence before admis	(nois
2	after / the f ges 1 after	a. STATE D. COOKIT	
	s af by the Page Is al	B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)	wn)
	24 hours after in the filled in by the filled in by the filled in 72 hours after in	ANTAPOLIS  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita), give street address)  d. STREET ADDRESS  e. IS RESIDE	NPC
	24 hour filled in papers.	DN A FARI	VI?
		U.S. NAVAL HOSPITAL 1102 VAN BUREN ST. YES NO  3. NAME OF DECEASED First Middle Last 4. DATE DF Month Day Year	
	executed within and completely remove carbon p	(Type or print)	
	te de la	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (IN YEAR) IF UNDER 24	HRS.
	E E E	MALE CAUCASTAN WIDOWED DIVDRCED DEC 13 1896 69 yrs.	HII.
	be o	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR TIL BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?	
	certificate be nding physiciar . Then please r removal, and i	CHARD USN EXPERIMENTAL STATION MAYO ANNE ARUNDEL MARYLAND AMERICAN  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
	tificang plant pla		
	cer andii t. T	DURNOOD MCCARTER  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   INFORMAN	
	death certificate be ex ne attending physician a permit. Then please re tion, or removal, and in a	(Yes no or unknown) ((Figure are or description) 37 212 36 832 MRS. RUTH S. MCCARTER 1102 VAN BUREN	
	ne d the natio	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	EN
	at the san the	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	
	s th nysic igne riad riad	Conditions, If any, which \ DUE TD Problem Conscious metadate 11 AUG.	4
	g pt g pt e s e bu	gave rise to Immediate	<u> </u>
	s the	cause (a), stating the DUE TO 20 AUG.	66.
	atte atte se ag	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF	
	i The	YES NO	
	FO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the atter director, page 3 should be detached for use as the burial-transit permit, should be filed with the State Dept. of Health prior to burial, cramation, or	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORME  YES NO.  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)  BY CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	NYSII e ho his c ttach Dept		e)
	y the e de de de	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While at work at w	
	OR ATTENDING be retained by JIRECTOR: After ge 3 should be ed with the Stat	21. I certify that (1) (this hospital) attended the deceased from AUG 11, 1966, to AUG 20, 1966, that (1) (we)	last
	TTEN Stain Shou th tt	saw the deceased alive on AUG. 20 19.66, and that death occurred at M, from the causes and on the date stated ab	
	OR A be rules	22a. SIGNATURE 22b. DATE SIGNED  ATTENDING MED. STAFF 22b. DATE SIGNED	1_
	may may RAL D	M.D. PHYS. DIRECTOR PHYS. LTT JULIA DIRECTOR PHYS.	0
	HOSPIT age 4 n FUNER/ rector, lould be	NAME (Type) CHARLES L. GAUBRY, JR. US NAVAL HOSPITAL ANNAPOLIS NO	
	D HOSPITAL Page 4 may D FUNERAL D director, page	23a. BURIAL CREMATION, 23b DATE THEREOF ( 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State	
	2 2	BURTAN THESDAY CIEN HAVEN RICHTE MAY CIEN BURNIE MO	
	VIII 415 (1) = 8	22. FUNERAL DIRECTOR CADDRESS TARY 250. REGISTRARY 250.	L
	VR A15 (4)	JOIN THE TAYLOR SET SCHOOLIS, MD.   DATE AUG 23 1966 JULIANES JULY	_

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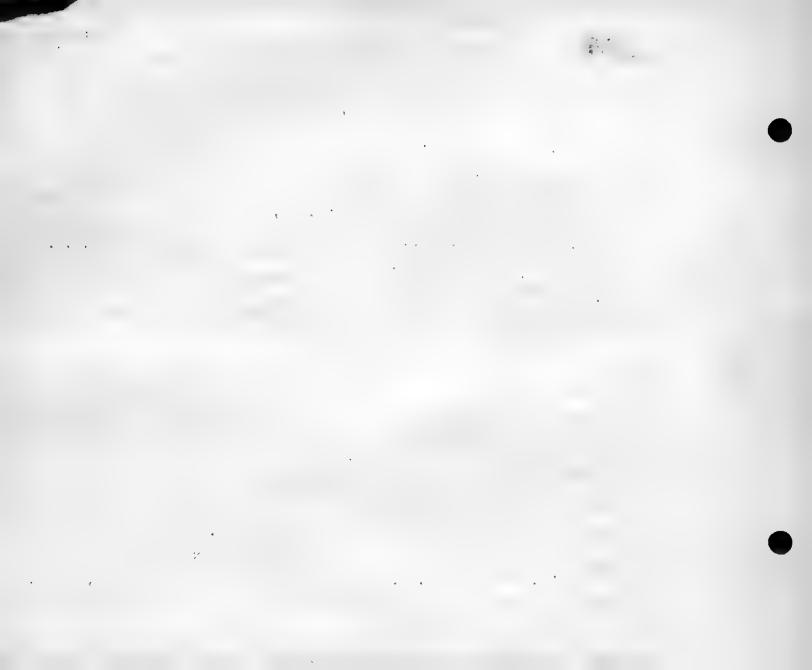


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10876 DEATH law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY **6 COUNTY** Anne Arundes MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 15 b. CITY OR TOWN (If outside corporate limits, Raltimone d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Pinehurst Road NO DO 4. DATE NAME OF Year DECEASED OF DEATH 1966 August Toseph Type or print) IF JNDER TYEAR IF UNDER 24 HRS AGE ( n years 7. MARRIED 12 remave last birthday) WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working ite, even if refired) COUNTRY? Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME crematian, or remayal, John P. McDonnell Bridget Feener 17. INFORMANT 16 SOCIAL SECURITY NO. unknown. Rosalie M. McDonnell 514 E. 36th St Bas INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) ONSET AND DEATH burial-transit PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Coremonic of night Feb. 24,66 DUF TO Conditions, if any, which gove rise to immediate couse (o), DUE TO stoting the underlying couse (c) Cardio vasculas disease as the 19 WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO PR 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 1B.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH NONE (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) 20d INITIRY OCCURRED (County) (State) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg, etc.) ot work of work 21. I certify that (1) (this hospital) attended the deceased from 200 by 1966, to According to the (1) (we) last saw the deceased alive an Azza. 10, 1966 and that death accurred at M, fram causes and an the date stated above 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR M D 22d. ADDRESS NAME (Type) 2701 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (Stote) 230 BURIAL, CREMATION Baltimore 25b. REGISTRAR'S SIGNATURE Moran, Inc. 3000 E. Balto. St. Balto. DATE AUG

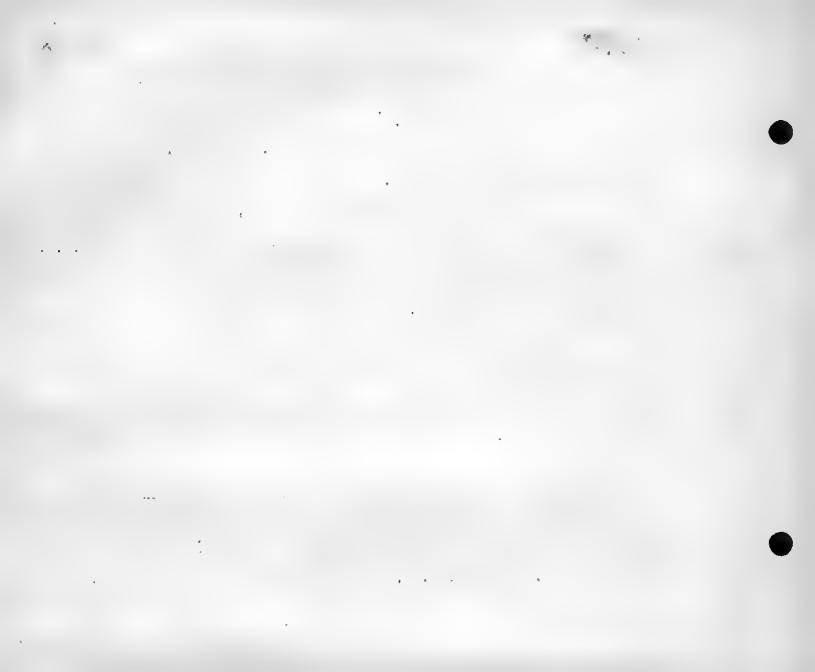


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10877 CERTIFICATE OF DEATH 10885 requires that the death certificate be executed within 24 hours after death. physician and campletely filled in by the funeral en please. Pages I and oval, and in any event, within 72 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH Anne Arundel °Marvland Baltimore City MARYLAND c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits, C LENGTH OF STAY IN 16 write RURAL and give nearest town) 2ma. 23 davs Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENC ON A FARM? Crownsville State Hospital 1213 Light Street NO ? NAME OF First Middie Last 4. DATE Manth Doy Year DECEASED OF DEATH (Type or print) 3-#32049 Lucille McLean 8 66 19 S SEX IF UNDER 1 YEAR IF JNDER 24 HRS 6 COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED igst birthday) Manths WIDOWED KHICKIN DIVORCED Aug. 20, 1910 Neoro Female 10a JSUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OF 1 8IRTHPLACE (County & State, or foreign country) during most of warking life, even if retired) INDUSTRY COUNTRY .. A. Unknown 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physic burial-transit permit. Then pl burial, cremation, ar removal, 15 WAS DECEASED EVER IN U.S. ARMED TORCES? (Yes, na, ar unknown) ((If yes give war or dates af service) 17. INFORMANT 16. SOCIAL SERVA TY NO Address Hospital Records Unkhawn Unknown 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED 8Y-INTERVAL BETWEEN ONSET AND DEATH Preumonia IMMEDIATE CAUSE (o). ottending physicion. DHF TO Conditions, if any, which gove rise ta immediate cause (a). DUE TO stoting the underlying couse os the prior to l O FUNERAL DESCTOR: After this certificate has been last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPS'
PERFORMED? be detached for use State Dept. of Health YES X Chronic Brain Syndrome: Epilepsy NO [ by the hospitol or ATTENDING PHYSICIAN: 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 181) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City or town) (County) (State) foctory, street office bldg. etc.) Hour am. alud Whale at wark at wark 5/10 19 66, to , 1966, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from 8/3 1966, and that death occurred at : 2 M, from causes and on the date stated above. saw the deceased alive andirector, page 3 sho should be filed with 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS ATTENDING MED DIRECTOR X 8/3/66 M.D. 22d ADDRESS 22c. PHYSICIAN'S M. D. Crownsville State Hospital, Maryland NAME (Type) 23g. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City\_or\_Town) (State) REMOVAL (Specify) REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sq. RECD 8Y REGISTIAR DATE AUG VR A15 (4) 20 M 1/66 1366

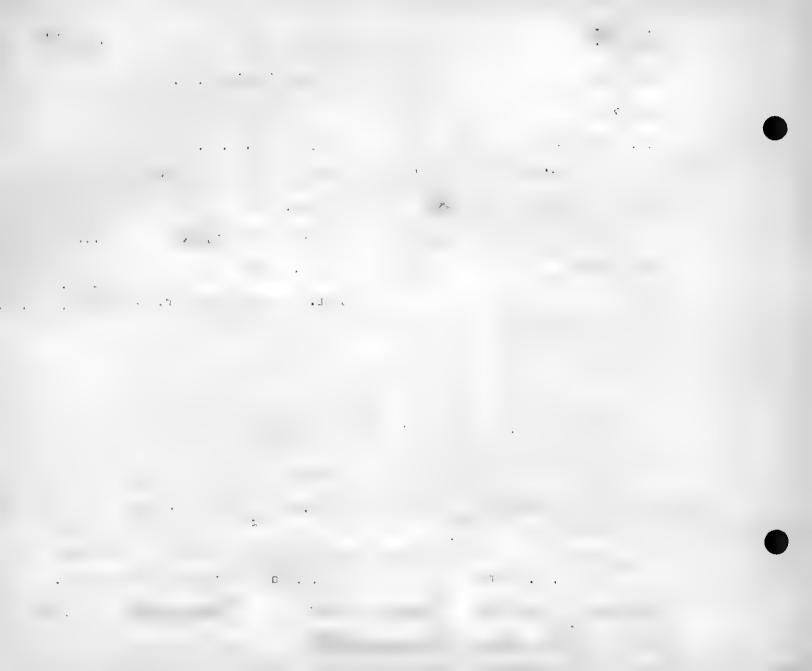
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10887 CERTIFICATE OF DEATH 111878 executed within 24 hours after death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTINE Arundel o STATE arvland b. COUNTY Baltimore City MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 36 b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town Baltimore d STREET ADDRESS d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? Crownsville State Hospital 26 S. Exeter St. YES NO X 3 NAME OF 4 DATE First Middle pou Lost Month Dov Year DECEASED (Type or print) 3-#28073 James 制. McQuaice 19 66 DEATH 100 IF UNDER 1 YEAR IF LINDER 24 HRS S SEX 8 DATE OF BIRTH AGE (In veors 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Months Dovs Haurs September 18.1887 Male White WIDOWED DIVORCED 1Do USUAL OCCUPAT ON (Give kind of work done 1Db KIND OF BUSINESS OR 31 BIRTHPLACE (County & State, or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Unknown Unknown 11.S.A requires that the death certificate 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME signed by the attending privis burial-tronsit permit. Then p buriol, cremation, or removal, Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, na. grunknawn) (If we give wor or dotes of service) Hospital Records Unknown Unknown 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART | DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH Acute Coronary Insufficiency IMMEDIATE CAUSE (a) DUE TO Coronary arteriosclerosis Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse lost PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPS'
PERFORMED? Chronic Brain Syndrome Secondary to Cerebral Arteriosclerosis NO IX YES -Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate 20a ACCIDENT WAS UNDERLYING □ 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, form, (City or town) (County) While Not While of work factory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram 9/14 , 19<u>64</u>, ta\_ 8/30 \_\_\_, 1966 , that (I) (we) last 8/30 19.66, and that death accurred at 1 . 50 M, fram causes and an the date stated above. saw the deceased alive an\_ 22b DATE SIGNED 22a SIGNATURE MED DIRECTOR STAFF PHYS. 8/30/66 X M.D Crownsville State Hospital,Maryland 22c. PHYSICIAN'S Benedict. M. D. director, Ic NAME (Type) 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION. NW. OF MED 256. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 1966 VR A15 (4) 20 M 1/66



0-1	MARYLAND STATE DEPARTMENT OF HEALTH
100	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  1088 CERTIFICATE OF DEATH
24 hours affer death. filled in by the tuneral papers. Pages I and 2 hm 72 hours after death.	1. PLACE OF DEATH b) 2. USUAL RESIDENCE (Where deceased lived of institution; Residence before admission)
1 m 1 m 1	a. COUNTY  Anne Arundel  MARYLAND  a. STATE  b. COUNTY  Washington, D. C.
s after s	D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
in b	Annapolis
24 hours filled in b apers. Pagers. Pagers.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
17 7 T	U.S. Naval Hospital 1731 N St. N. W. YES □ NO 🔎
executed within and completely remove partons partons n any effort, within	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED DF
	(Type or print) HELEN (N) MEADE DEATH AUGUST 13 19 66  5. SEX 6. COLOR OR RACE   7. MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNOER 1 YEAR   IFUNOER 24 HRS.
ecut nd c	Minowes Diverges I 10 D 1970   last birthday) Months Days Hours Min.
in a in	TO SUBJUCCUPATION (Give kind of work done of business or during most of working life, even if retired)  100. USUAL OCCUPATION (Give kind of work done of business or during most of working life, even if retired)  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?
sicia and	NA Pittsylvania Co. Va. Country?
phy n pl	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
emo emo	John James A. Jones
ttem nit.	15. WAS DECEASED EVER IN U.S. ARMEO FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 238 Puritan Place
deal le at pern lion,	NO     Capt. Randolph Meade Jr. providence Anna.Md.
the by the sir	18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).1  PART I. DEATH WAS CAUSED BY:  INTERVAL BETWEEN ONSET AND DEATH
hat hat cian cian , cre	IMMEDIATE CAUSE (a) 1 25 151721019 OFFRES
es t hysi sign urial	Conditions, If any, which   DUE TO Phe sumo nia (21/3 Teva) 3 days
quir ng p sen to bi	gave rise to immediate cause (a), stating the OUE TO
w reendings the rior	underlying cause last. (c)
e att	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
at or afficient for units of u	ASH) c (onges/10-e boar tarbul YES NO DA
Spitt spitt ed f	ASHDE CONCESTIVE REGISTION FACTOR OF PART II OF ITEM 18.)  ASHDE CONCESTIVE REGISTION OF CONTRIBUTION OF CONTR
YSIC e ho his c tach Dept	
T the state of the	Hour a.m. While Not While factory, street, officebildg., etc.)
OR ATTENDING PHYSICIAN: The law requires that the death certificate be be retained by the hospital or attending physician.  IMECTOR After this certificate has meen signed by the attending physician ge 3 should be detached for use as the burial-tensit permit. Then plemes with the State Dept. of Health prior to burial, cramation, or removal, and in	21. I certify that (I) (***) at work   19   14 work   19   21. I certify that (I) (***) attended the deceased from 1   19   10   10   10   10   10   10
TEN taine houl	saw the deceased alive on 13 August 1966, and that death occurred a \$30 AM, from the causes and on the date stated above.
R AI	22a. SIGNATURE   22b. OATE SIGNEO
ay be sage 3	M.D. ATTENDING MED. STAFF   13 August 1966
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute Page 4 may be retained by the hospital or attending physician.  INDICENT. DIECTOR After this certificate has been signed by the attending physician and caldicetor, page 3 should be detached for use as the burial-tensit permit. Then pleme removes should be filed with the State Dept. of Health prior to burial, cramation, or removel, and in any expressive the state of the property of the state of	22c. PHYSICIAN'S / 22d. AGORESS   NAME (Type) T. P. McGrory   U.S. Naval Hospital Annapolis, Md.
Page A	
55	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of county) State)  BURIAL (Specify) 8-15-66 GREEN HILL DANVILLE Va.
	250. REC'D BY REGISTRAR'S SIGNATURE
VR A15 (4) 20M 1/65	John M. Jaylor & Sous Chungoli, Md. DONE AUG 15 1866 gchanles Judge
20M 1/05	



OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 111881 CERTIFICATE OF DEATH 10890 requires that the death certificate be executed within 24 hours after death gth and 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY ANNE ARUNDEL MARYLAND MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, FORT GEORGE GA MEADE 27 days BALTIMORE d NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM2 KIMBROUGH ARMY HOSPITAL 113 F ROCK GLEN ROAD YES NO4 3 NAME OF First Middle DATE Month Doy Lost Year DECEASED DAVID MORRIS SM AUGUST 22 J. 66 19 (Type or print) DEATH IF UNDER 24 HRS B. DATE OF BIRTH AGE (In years ost birthdoy) IF UNDER 1 YEAR S SEX 6 COLDR OR RACE 7. MARRIED NEVER MARRIED Months Doys Hours 30 June 1896 MALE CAU DIVORCED WIDOWED 10a JSUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT physician c COUNTRY? during most of working life, even if retired) NDUSTRY U.S. Army Marietta, Georgia USA Serviceman Retired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Laurel Wellborn LeRoy Morris David J.Morris, Jr. 7011 Crest Haven Dr WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. Yes 216-32-9123 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) signed by the buriol-tronsit p burial, crematic PART I DEATH WAS CAUSED BY CARDIAC ARREST IMMEDIATE CAUSE (o) ARTERIOSCLEROTIC HEART DISEASE WITH UNDET. Conditions, if ony, which gove ATRIAL FIBRILLATION rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the hospital or othending IO FUNERAL DIRECTOR: After this certificate has been the 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Fracture left hip NO SC 200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 1B) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Dov. Year Hour o.m. foctory, street, office bldg , etc.) While Not While of work ot work 21. I certify that (this haspital) ottended the deceased from 25 July 19 66 to 22 Aug , 1966, that (we) last 22 Aug 19 66, and that death occurred at 232 M, from causes and on the date stated above. sow the deceased alive an\_ 22b DATE SIGNED 22o SIGNATURE STAFF PHYS ATTENDING MED. DIRECTOR 22 Aug 1966 director, pay-MD. 22d ADDRESS 22c PHYSICIAN'S KIMBROUGH ARMY HOSP.FT GEO G MEADE.MD NAME (Type) ALAN WANDERER, Capt, MC BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 8/25/66 U.S. NATIONAL CEMETERY BALTIMORE. MO. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 G 1\$66 GLEN BURNIE MD. R.V. SINGLETON

FRUMUT IAR  $\mathbb{X}$ 

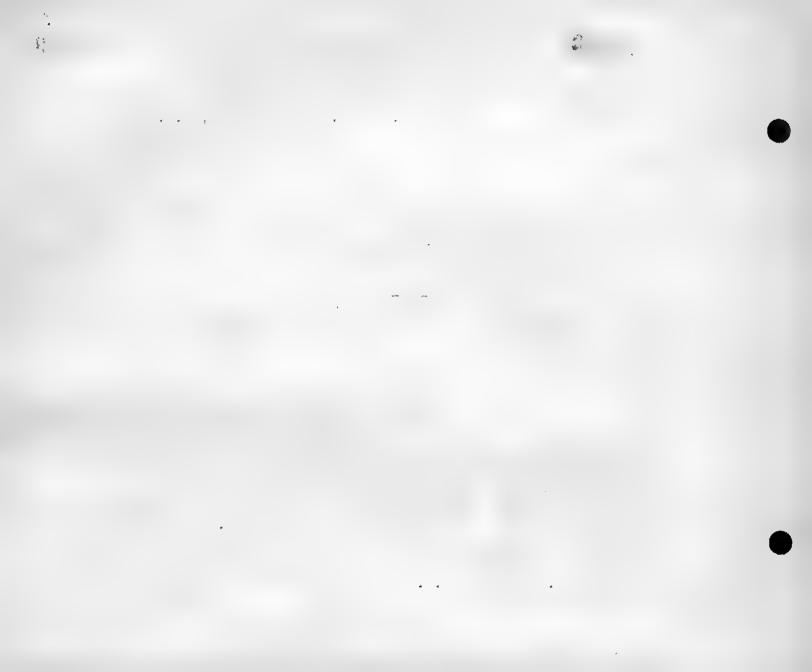
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	10891 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10882	
HEALTH DEMT.	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission)	
3 ta 3 ta Page ent a	Anne Arundel Maryland Maryland Arundel	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis  c LENGTH OF STAY IN 1b  c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis	
PM3. I post	Annapolis Annapolis	
an P	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  e is residence.  On A FARM?	
2 B B B	ANNE ARUNDEL GENERAL HOSPITAL 1 Riverview Road	
5 % = N	3. NAME OF First Middle Lost 4 DATE Month Doy Year	_
after de 8 Give I alang w with the	OF CECEASED (Type or print) WILMA JEAN MORROW OF DEATH August 23 19 66	
after d 8 Give alang v with th	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR 1F UNDER 24 H	
718 - 188 -	Female White WIDOWED D VORCED 3-27-36 30 yrs	_
24 haurs in Item 18 r's Office ss land2 ny event	100 USUAL OCCLPATION (Give kind of work done done lob KIND OF BUSINESS OR liberation for some local february) 12 CHIZEN OF WHAT COUNTRY?	
within 24 haurs of perc.l in tem 18 caminer's Office alle poges land 2/wind in any event.	Waitress Kestaurant Plorida USA	
! within 24 in penc.l in Examiner's File pages I	13 FATHER'S NAME TO THE SMALDEN NAME TO THE	
f with per Exam Exam File ond	Chester H. leomans Kuth Sutton	
al Example Figure 1. Fill or 1. Or 1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, not or unknown) (If yes give for dates of service)  16. SOCIAL SECURITY NO. 17 INFORMANT  17. INFORMANT  18. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17 INFORMANT  17. INFORMANT	
executed nding" ir Medical B permit.	yes lorea Cierk Di Mollow . Z	
This certificate should be executed within cate, writing the word 'pending" in pencil be farwarded to the Chief Medical Examines be used as a burial-transit permit. File page it to burial, cremotion, or remaval, and in a	IB CAUSE OF DEATH (Enter only one couse per the for (o) (b), and (c))  PART I DEATH WAS CAUSED BY:  ONSET AND DEATH ONSET AND DEATH	
d be d 'g Chie ran:	IMMEDIATE CAUSE (o) FIGURE TRIJUTIES	_
certificate should be e writing the word per prwarded to the Chief I used as a burial-transit burial, cremation, or re	Conditions, if ony, which gave ) (b)	
he ta	rise to immediate cause (a).	_
inate ing the ded as a as a l, cre	stoting the underlying cause (c)	
attra para para para para para para para	PART I OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	_
certification with the	PERFORMED?  YES IN 0  PRIMARY CONTRIBUTING   Driver in auto-auto collision	
ER: This certificate, and be failed be upoint be upoint be upoint to b	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of Item 18.)	لسيا
=		
EXAMINER: 1 cute the certific age 4 shaud b your files. Page 3 should	20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form foctory, street, office bldg, etc.)  20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form foctory, street, office bldg, etc.)  20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form foctory, street, office bldg, etc.)  20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form foctory, street, office bldg, etc.)	)
<b>≅</b> ‡ 4 1 9 86	12:00M pm 8 23 19 66 While of work of work street office bldg, etc) Route 50 A. A., Md.	
L EX ecutive Pogurary NR: Pogur	21   certify that I taak charge of the remains described above, held an Autopsv 🗷 , Inspection , Inquiry , and in my apin	ıar
MEDICAL EXA please execute director. Page retained for you. DIRECTOR: Page ts designated a	death resulted from Natural causes Accident X, Suicide , Hamicide Undetermined manner	
please e derector retained L DIRECT	CHIEF MEDICAL EXAMINER	
ts Det d	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER (X) 22. DATE SIGNI	ĒD
UTY, 217, 3erg be be or 3	EXAMINER'S  DEPUTY MEDICAL EXAM NER   8-23-66	
O DEPUTY MEDICAL EXAM necessary, please execute the the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health or its designafed age	NAME (Type) Werner U. Spitz, M.D. Address (Street, city, town, or county)	
TO DEPUTY necessary, the funeral 5 may be TO FUNERAL Health or i	230 BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Stote)  8-26-1966 Hrlington National Hrlington Ua.	
NO ASSUE IS	FUNERAL DIRECTOR APOREIS APOREIS 1250 REC D BY REG STRAR 1250 REGISTRAR'S SIGNATURE	
VR A15ME (5) 6M 1/66	John Mr. Laylor Hons Amapolis, 1/9 DATE AUG 26 1966 Jolianles Judge	-

NIO CTATE DEDANTAGES

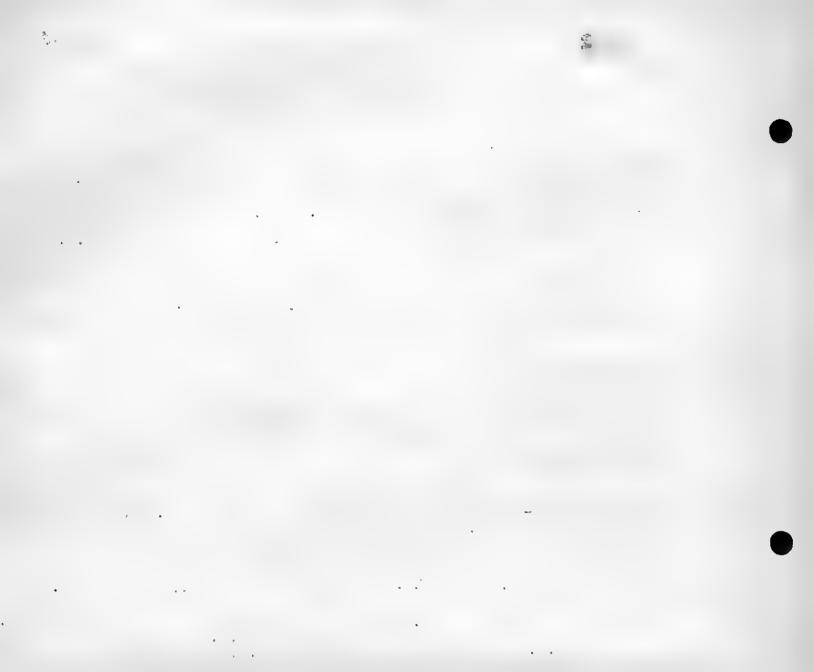


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10892 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)
a. STATE ... b. COUNTY Charles tion and campletely filled in by the funeral 1 PLACE OF DEATH a. COUNTY Marvland Anne Arundel MARYLAND b CITY OR TOWN (If autside carparate imits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) llmos. 20das. Bel Alton. P.O. B IS RESIDENCE ON A FARM? YES NO X d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS None Crownsville State Hospital 3. NAME OF Middle 4 DATE Last Month DECEASED (Type or print) #30316 31 19 66 Lillian Jarrett Murphy 8 DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH 1F UNDER 1 YEAR IF UNDER 24 HRS. 9 AGE (In years 7 MARRIED NEVER MARRIED Jast berthday) White B/18/1892 WIDOWED X Female DIVORCED 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) COUNTRY ? ISA during most of warking life, even if retired)

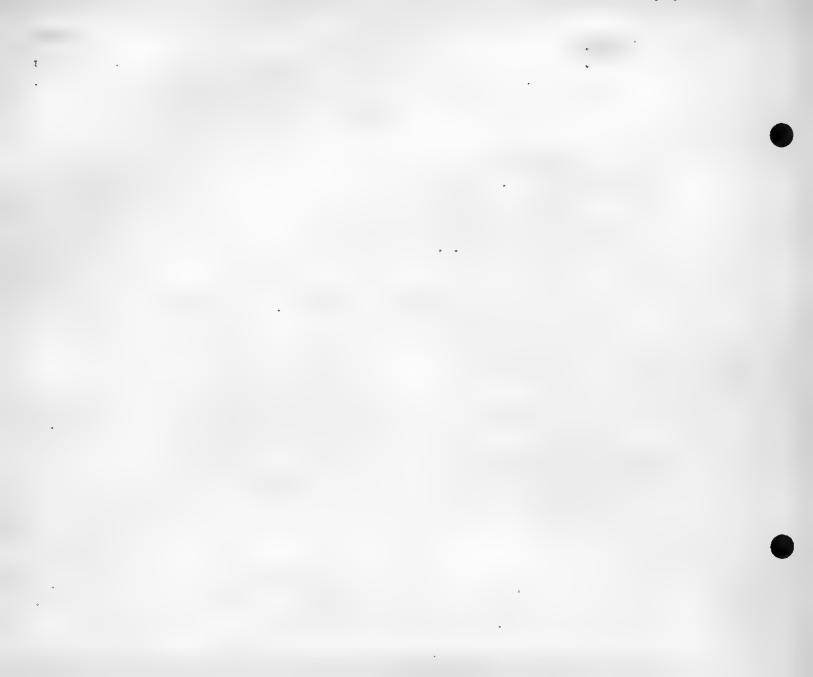
Which have Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Doceie Faren Makedala Jack Rice WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address (Yes, na, appaknawn) (If yes give war ar dates of service Hospital Records 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN al-transit PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which gave rise ta immediate cause (a), stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO DE ā 20a. ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d INJURY OCCURRED 20a, PLACE OF INJURY (Hame, form, (City or tawn) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg , etc.) Nat While at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram 9/11/, 19 65, ta 8/31/, 1966, that (I) (we) last saw the deceased alive of 8/31/1969, and that death occurred at 5: H. M., from couses and on the date stated above 8/31/, 1966, that (I) (we) last 226. DATE SIGNED 22a SIGNATURE MED. DIRECTOR STAFF PHYS. X 8/31/66 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Crownsville, Maryland NAME (Type) enedict. director, shauld b 23d. LOCATION (City or Town) 23a. BUR-AL, CREMATION, REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF (County) Maryland La Plata Sacred Heart Cemetery 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR INC. SEP DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10884 10293 CERTIFICATE OF DEATH ritted in by the funeral on popers. Pages 1 and 2 and 1 and 17 haurs ofter death. requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE b COUNTY Anne Arundel Marvland Anne Amundel MARYLAND b CITY OR TOWN (If outside carporate I mits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Annapolis
d NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street oddress) Annapolis e IS RESIDENCE ON A FARM? d. STREET ADDRESS 785 Sonne Drive Anne Arundel General Hospital YES NO IX 4. DATE NAME OF First Middle Month ar on Lost Day Year DECEASED 1966 NELSON August Elsie Bernardina DEATH Type or print I IF UNDER 24 HRS. AGE (In years IF UNDER I YEAR S SEX B. DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED the attending physician and cong sit permit. Then please remove last birthdoy) Months Dovs Hours White Oct. 11, 1900 WIDOWED DIVORCED Female In an TOa. USUAL OCCUPATION (Give kind of work done 1). BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 106 KIND OF BUSINESS OR during most of working life, even if retired) **INDUSTRY** Sweden 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial-transit permit. Then pl burial, cremation, or removol, ----Oquist Stina---17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, na, or unknown) (If yes give wor or dotes of service) Otto J. Nelson same as #2 none INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH signed by t IMMEDIATE CAUSE (a) 6000 DUE TO Denlenephritis Canditians, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse the hos b 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detoched for use NO Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part || of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, (City or town) (County) Hour a.m. factory, street, affice blda., etc.) Not While of work ot wark 17., 1966, that (1) 1006) last certify that (1) (this translat) attended the deceased fram 1965 to Aug. director, page 3 should should be filed with the saw the deceased alive an Aug. 17 1966, and that death accurred at M, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE STAFF M.D DIRECTOR 22d ADDRESS -97c PHYSICIAN'S NAME (Type) Richard N. Peeler. M.D. Annapolis Md. 121 Cathedral St. 23b DATE THEREOF 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) 23g. BURIAL, CREMATION (Stote) REMOVAL (Specify) 8/20/66 County Md Lincoln Cemetery Prince Georges 2901 14th Bot RECDIAY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) S.H. Hines Company Washington PATED. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10894 CERTIFICATE OF DEATH low requires that the death certificate be executed within 24 hours after death. death ion and completely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss on) O. STATE MARYLAND o COUNTY **b** COUNTY ANNE ARUNDEL ANNE ARUNDEL MARYLAND C LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carporate limits, c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) 26 Days FT GEO G MEADE, MD d NAME OF HOSPITAL OR INSTITUTION (15 nat in haspital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM? 4527 Butler St MIMBROUGH ARMY HOSPITAL NO A 3 NAME OF 4 DATE Day Year DECEASED (Type or print) 29 66 C. NEWMAN AUG WILLIAM 19 DEATH 9. AGE ( n years IF JINDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED X DATE OF BIRTH NEVER MARRIED birthday 12 July 1914 Hours WHITE MALE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
SOLD I E.R. 196 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT COUNTRY? USA TULSA, ALABAMA 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME BRYANT CARRIE ог гетпоуо MAT.T.TAM NEWMAN signed by the ottending burial-tronsit permit. 17 INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na, ar unknown) THELMA L. NEWMAN/WIFE/( Same as item # 224523927 cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) 3 ONSEL AND DEATH PART I. DEATH WAS CAUSED BY LAENNEC, S CIRRHOSIS IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying cause hos been lost. 19. WAS AUTOPS
PERSORMED?
YES 199 NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NONE NO' O FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING ... OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED Hour a.m. factory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased from 3 Aug , 19 66, to 29 Aug 19 66 that (1) PG6) last be retained , and that death accurred at 0655AM, fram causes and an the date stated above. Aug 10 66 saw the deceased alive an... 22b. DATE SIGNED 220. SIGNATURE ATTENDING STAFF PHYS. 29 Aug 66 M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S director, po should be f NAME (Type)GEORGE KIMBROUGH ARMY HOSPITAL. LUTZ, CAPT, MSC FT GEO G. MEADE W. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) 23a BUR AL, CREMATION, Sept.1, 1966 ARLINGTON NATIONAL CEM. ARLINGTON. VIRGINIA 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 HAROLD S. Wade, 550 Wash. Blvd., Laurel, Maryland 1966 DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10895 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY o STATE b. COUNTY Anne Arundel Maryland MARYLAND b. C TY OR TOWN (If outside corporate imits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1b write RURAL and give nearest town) ofter Annapolis Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospifol, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? hours Anne Arundel General Hospital 2822 Denham Circle YES NO offer death 3 NAME OF First Middle 4 DATE Month DECEASED OF DEATH NICHOLSON LEVI STANLEY August 26 66 within (Type or grint) C SEX 9 AGE ( n years IF JNDER 1 YEAR IF LINDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 🔀 [gst birthdoy] Male Negro WIDOWED DIVORCED 24 hours event 10a LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired COUNTRY? Recheation Center OUX poges w thin 13 FATHER S NAM! pencil File ond 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address be executed (Yes, no prunknown) (If yes give wor or dotes of service) removal. 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY. 70 Asphyxia IMMEDIATE CAUSE (o) ... This certificate should writing the word used as a burial-tr buriol, cremation, DUE TO Conditions, if only, which gove Drowning rise to immediate couse (a). DHE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO **IRECTOR:** Page 3 should be a designated agent, prior to 200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter notice of injury in Port I or Port II of tem 18.) PRIMARY DO OF CONTRIBUTING Drowned while attempting to swim. CAUSE OF DEATH 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year 20d IN JRY OCCURRED (City or town) (County) (State) foctory, street, office bldg, etc.) Not While XXX 8/26 1966 Carr's Beach A.A. Beach Md. 21. I certify that I took charge of the remains described above, held an Autopsy [3]. Inspection . Inquiry ond in my opinion jo Accident |x Suicide 🗍 Undetermined manner deoth resulted from: Notural couses Homicide | | moy be retoined CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASS STANT MEDICAL EXAMINER **SIGNATURE** O DEPUTY DEPUTY MEDICAL EXAMINER 8/27/66 **EXAMINER'S** 5 moy 1 70 FUNE Health Charles S. Petty, M.D. Address (Street, city, town, or county) NAME (Type) the NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d. LOCATION 1500 or Town BUR AL, CREMAT ON 25b REGISTRAR'S SIGNATURE FUNERAL BIRECTO Milanley VR A15ME (5) 6M 1/66



	Division of STATISTIC		NARYLAND STATE DI RCH AND RECORDS, 30			MORE, MARY	LAND 212	201
10896			CERTIFICAT	OF DEATH				10887
PLACE OF DEATH O. COUNTY ANNE	ARUNDEL		MARYLAND	2 USUAL RESIDENCE 0. STATE MAR	(Where deceos	ed lived, if mistifu b. COU PI	t on Resident	ce before odmission) GEORGES
b CITY OR TOWN ( WITH GEO G	f outside corporate limits, laye nearest tawn)		2 DAYS	c, CITY OR TOWN (IF	outside corporo	te limits, write RL	IRAL and give	neorest town)
NAME OF HOSPIT	AL OR INSTITUT ON (If not H ARMY HOSPI	n hospital, gi	ve street oddress)	d STREET ADDRESS 960 NICH	OLAS DF	IVE		e is residence on a farm? Yes \bigcap no \bigcap
3 NAME OF DECEASED (Type or print)	First ALIC		Middle R	NOONAN	4. DATE OF DEATH		GUST	Doγ Year 18 19 66
FFMALE	CAU		NEVER MARRIED DIVORCED DIVORCED	Dec 12, 18		10st birthdoy) 79 yrs	Months 1	Doys Hours Min.
during most of working Housewif	(G ve kind of work done life, even if retired) ©	IND	DUSTRY  V/A	11 B.RTHPLACE (COU		reign country) y, Mary	100	TIZEN OF WHAT UNIBY? USA
Francis J				MUIHAYS MAIDE	y NAME Monaha	-		
15 WAS DECEASED EVE (Yes, no, or unknown)	R in U.S. ARMED FORCES? (If yes give wor or dotes of s	ervice)		informant irs. R.O'Ro	urke. s	Addi		2
18. CAUSE OF D PART I. DEA	EATH (Enter only one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Myoca	(o), (b), and (c).) ardial. Infarci	ion				INTERVAL BETWEEN ONSET AND DEATH 24 Hours
Conditions, if ony	DUE TO , which gove }		nary Artery Oc	clusion				24 House
rise to immediate stating the under lost.	e couse (o), (	ACUTO						20 years
PART II. OTHER SI Bronch	GNIFICANT CONDITIONS CON	TRIBUTING TO	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE	CONDITION GIVE	N IN PART 1(o)		19 WAS ALTOPSY PERFORMED? YES X NO
Bronch  200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJ Hour out	S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	2Db DES	CRIBE HOW INJURY OCCURRED	(Enter noture of injury	in Port I or Por	t II of item 18.)		
D.I	JRY Month, Doy, Yeor n. 19	While of work	Not While of work	ACE OF INJURY (Home, 1 tory, street, office bldg , c	etc.)	(City or town)	,	unty) (State)
21. I certi	21. I certify that \$\mathbb{X}\$) (this haspital) attended the deceased fram 17 Aug , 19 66, ta 18 Aug , 19 66 that (1x (we) la saw the deceased alive an 18 Aug 19 66 and that death accurred at 7:40M, fram causes and an the date stated above							
220. SIGNATURE	Carlot	Zne		LD. PHYS.	MED DIRECTOR	STAFF PHYS		ATE SIGNED  8 Aug 66
22c. PHYSICIAN'S NAME (Type	CARL S. ROS	SEN, CI						MEADE, MD
230 BURIAL, CREMATI BEMOVAL (Specific	aug 32		230 NAME OF CEMETERY OF	ha	24.	CATION (City or T	ge a	(County) (Stote)
24. FONERAL DIRECTO	Juna Hu	O this	ADDRESS . M.	2So R	UG 23	1966 <sup>25b</sup>	EGISTRAR'S S	la judge

BIBLIO

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10897 10888 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY a. STATE b. COLINTY physician and campletely filled in by the fun-Anne Arundel Maryland Anne Arundel requires that the death certificate be executed within 24 haurs after MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (I autside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Annapolis Arnold papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Anne Arundel General Hospital Roe Lane, Hollvanna Acres YES | NAME OF Last Month Year DECEASED NORFOLK Oliver DEATH Augus t (Type or print) Edward 9 AGE ( n years IF UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH 1884 **NEVER MARRIED** 82 birthdoy) April 8. 計966米 WIDOWED X DIVORCED Male White 10a USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? U. S. Drawbridge tender State povit Calvert Co. ....d.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Samuel Morfolk Nattie Trott IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 310 Hill Mere Dr., (Yes, no, or unknown) (If yes give wor or dotes of service) Ars. Harry Bergen- annapolis, Ad. no CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).)
 PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPAIRED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS!
PERFORMED? 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II af item 18) 20a ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) factory, street, office bldg , etc } Not While at work at wark 1966 to 21. I certify that (I) (this inspired) attended the deceased fram conse 19 %, that (I) (we) last saw the deceased alive on. 1966, and that death accurred at M, from causes and an the date stated above 220. SIGNATURE 226. DATE SIGNED **ATTENDING** STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) Richard 59 Franklin St., Annapolis, Md. Hochman directar, shauld b 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) REMOVAL (Specify)
Bur 1a.1 Hillcrest Cemetery 256 REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR Hopping VR A15 (4) 1966 Michaeles Judge 20 M 1/66 HOPPING FUNERAL HOLE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10898 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY 60 of o death. MARYLAND Department LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate I mits, c CITY OR TOWN (If outside corporate mits write RURAL and give nearest town) after ( a hton d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCI ate De ON A FARM? Item 18 Give Pages YES 🗍 NO 100 3 NAME OF Middle Lost 4. DATE Month Doy Year DECEASED lex ander 23 (Type or print) DEATH 19 Office alang with, S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE ( n years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED birthdoy) WIDOWED DIVORCED **€**√3 event de even if refired) 10o USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR afe or foreign country) NDUSTRY In any Examiner 13 FATHER'S NAME 14 MACTHER'S MAIDEN NAME pencil and WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT certificate should be executed the Chief Medical (If yes give way of dates of service) ar removal, (B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) the word burial, cremation, DUE TO Conditions, if any, which gave rise to immediate couse (o). DUE TO stoting the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? NO X agent, priar ta 2DO EXTERNAL GALSE WAS (Enter nature of ip ary in Port I or Port II of item? 18 ) PRIMARY FOR CONTRIBUTING AL EXAMINER: CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year (City or fown) (County) (Stote) Not While toctory, street, office blog, etc.) Hour om FUNERAL DIRECTOR: Page While Not While 21 I certify that I took charge of the remains described above; held an Autopsy Inspection and in my apinion death resulted from Natural couses Accident Suicide Homicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** TO DEPUTY ö DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or repunty (County) 0 25b REGISTRAR'S SIGNATURE VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1089010899 CERTIFICATE OF DEATH completely filled in by the funeral have carban papers Pages 1 and 2 weent within 72 hours after degth death USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) PLACE OF DEATH o. COUNTY o. STATE **b** COUNTY A.A. Co. A.A. Co. MARYLAND law requires that the death certificates becaused within 24 haurs after b. CITY OR TOWN (If autside carparate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give negrest tawn) write RURAL and give nearest tawn) 4 Hrs. Ferndale, Glen Burnie Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? North Arundel Hospital Mdyes 107 Glenmont Avenue NO S 3 NAME OF First Middle Last 4. DATE Month DECEASED William Pensmith NMN 1966 (Type or print) DEATH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED last berthday) Manths Davs Hours 2-10-97 White Male MIDOWED DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 100. USUAL OCCUPATION (Give kind of work done **COUNTRY?** during most of working life, even if retired INDUSTRY please Balto., Md. signed by the attending physicially burial-transit permit. Then please Ret 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME ar remayal, William Pensmith Minnie Oberlein 35 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dotes of service Mrs. Genevieve Pensmith, same as cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE for physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause has been the last. 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) F CATION YES O FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the haspital ar 20g ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (Caunty) (State) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, affice bldg., etc.) Not While at work 1946, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 66 to 186, and that death accurred at 48 M, from causes and an the date stated above. saw the deceased alive an director, page 3 sha should be filed with 22b. DATESIGNED 22o. SIGNATURE ATTENDING DIRECTOR M.D. PHYS 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION 23b DATE THEREOF (County) REMOVAL (Specify) 1 Sept. 66 Baltimore National Baltimore Md. 1966 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) AUG 20 M 1/66 Kirkley Funeral Home, Glen Burnie, Md.

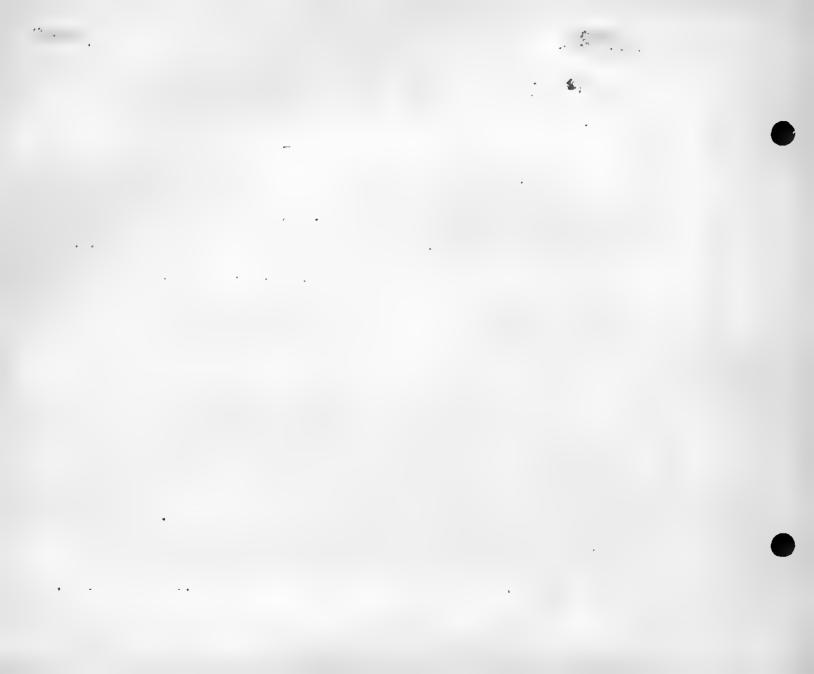


. 1 ~		MARYLAND STATE DEPARTMENT OF HEALTH
4 1 1	1)	1 (1) (1) (1) CERTIFICATE OF DEATH
funeral should	1,	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If Institution: Rayldence before admission)  a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If Institution: Rayldence before admission)  b. COUNTY
n by the		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  ENDERNIS  C. LENGTH OF STAY IN 1b  ENDERNIS  C. LENGTH OF STAY IN 1b
ely hours affer		A. R. R. C. L.
d complete bon paper within 72		DECEASED (Type or print)  SEX   16. COLOR OR RACE, 7. MARRIED   18. DATE OF BIRTH   19. AGE (In years (IF UNDER 1 YEAR) IF UNDER 24 HRS.
E S E	ii	WIDOWED DIVORCED SOLVEN TO BUSINESS OR INDUSTRY IF BIRTHPLAGE (Country & Siete, or foreign country)  12 CITIZEN OF WHAT COUNTRY?
sth certifical ng physician sase remove		FATHER'S NAME  PATHER'S NAME  PATHER'S MAIDEN NAME  THE COLUMN THE SMAIDEN NAME  THE SMAIDEN NA
the dear attending Then ple oval, and		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT  Address
uires tha rsician. rd by the permit.		18. CAUSE OF DEATH (Entar only one cause per line for (e), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e) CACCINOMA OF STOMACH  IMMEDIATE CAUSE (e) CACCINOMA OF STOMACH
w require signer ransit nation,		DUE TO
The lar attendir has been burial-trial, cren		gave risa to immediata cause (a), steting the underlying cause lest.
SICIAN: sepital or rhificate   see as the or to bu	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES NO
PHYSI the host this cert id for use	"	208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
NDING B: Affer detache	MFDICAL	20c. TIME OF INJURY Month, Dey, Year Hour e.m. p.m.  20d. INJURY OCCURRED   20e PLACE OF INJURY (Home, ferm, ferm, ferm, p.m.  20f. (City or town)   (County)
ATTE be refer ECTO should be State Dep		21. 1 certify that (I) (this hospital) attended the deceased from MAY
PITAL Sage 4 ERAL page 3 s with the		222 SIGNOTORE  ATTENDING MED. STAFF SIGNED  226. ADDRESS  ATTENDING MED. STAFF PHYS.   226. ADDRESS  226. ADDRESS
death. For FUN director, be filed	2	BURIAL, CREMATION, 236, DATE THEREOF 23c/ NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county)  REMOVAL (Specify)  BURIAL, CREMATION, 236, DATE THEREOF  COUDER' TARK  COU
VR A15 (4) 15M 7-62	1	Fungral director's signature.  Address   M. J.   250. REGISTRAP, 256. REGISTRAP'S SIGNATURE   DATE AUG 9 1966 GUIGNES Judge    Date AUG 9 1966

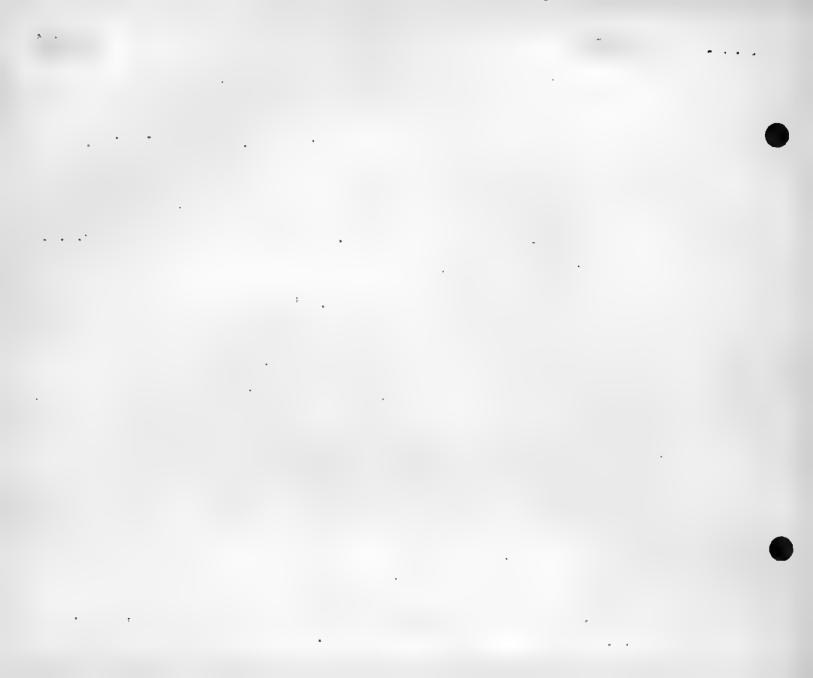




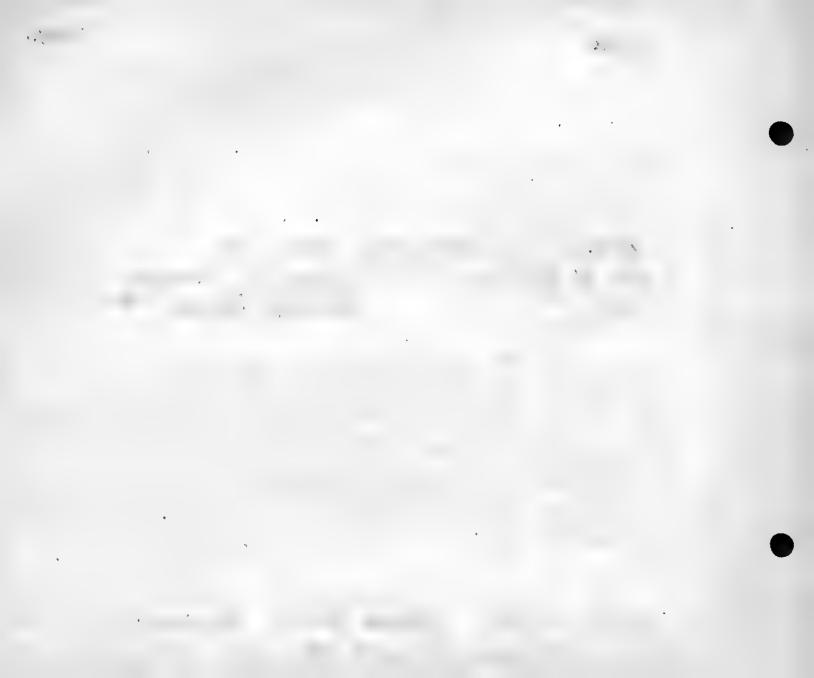
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0893 10902 CERTIFICATE OF DEATH C death PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death completely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) popers Page RUMAL 2 days Annapolis Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Rt-2 Anne Arundel General Hospital YES 'X NO [ NAME OF Middle First 4 DATE Lost Month Doy DECEASED OF 19 66 RIDOUT Angust Lanonia Stinchcomb (Type or pnnt) DEATH S. SEX 6 COLOR OR RACE 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED DATE OF BIRTH TXIX NEVER MARRIED last birthday) Hours Days Female White WIDOWED **DIVORCED** 1885 80 10a LSUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 RIRTHPLACE (County & State, or foreign country) during mast of warking life, even if retired) COUNTRY? physician hen pleas Maryland 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAMI or removo the attending parties of the WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 16. SOCIAL SECURITY NO Address permit. (Yes, no, ar unknown) If If yes give war or dates of service cremotion. CAUSE OF DEATH (Enter only one cause per line far (a) (b), and (c)) INTERVAL BETWEEN **burial-transit** PART I. DEATH WAS CALSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause os the Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use NO KY YES ō 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) oť, be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, affice bldg , etc.) at work at wark 21. I certify that (1) (this besitted) attended the deceased fram 19 Ct., to A110. \_\_\_\_, 19\_66, that (I) (yes): last should director, page 3 should should be filed with the and that death accurred at \_M, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** MD DIRECTOR PHYS PHYS 22d ADDRESS 22c PHYSICIAN NAME (Type Cathedral Stephen Hiltabidle. 121 Annapolis. 230 NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION DATE THEREO AOCATION (City or Town) (County) (Stote) REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 DATE AU



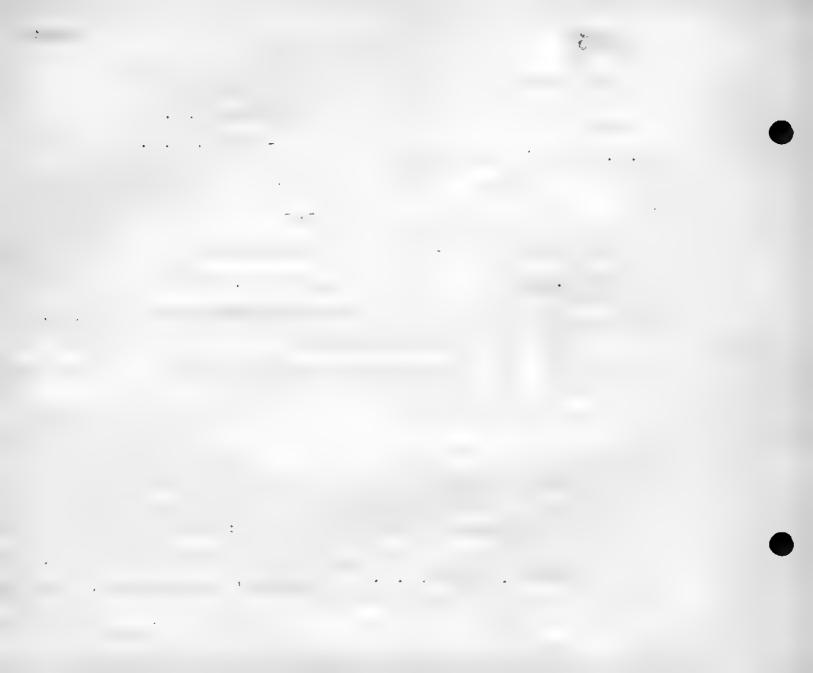
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. CDUNTY h. COUNTY after AR. INDEL MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours GI EN BURNTE GLEN BURNIE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) filled d. STREET ADDRESS e. IS RESIDENCE DN A FARM? ANNAPOLIS BLVO. requires that the death certificate be executed within ely ind completely 3. NAME OF Middle DECEASED OF DEATH 660LD event (Type or print) 19(0 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR 7. MARRIED TO NEVER MARRIED last birthday) Months Davs Hours WIDOWED DIVORCED [ 1Da. USUAL DCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS DR (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) MARYLAND VAULE HOUSE OPERATOR ᇹ 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME remova DUKNOMN ( TNKNOMM) RINGGOLO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attend transit permit. cremation, or n 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) MRS. #2 Hilda Rinocold Same as CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN signed by t ONSER AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ting the puriant of t DUE TO Conditions, If any, which gave rise to immediate as the prior to DUE TO (a), stating underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health i PERFORMED? NO K YES T PHYSICIAN: this certification detached for 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Port 1 or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While 19 at work et work p.m. 66 19 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should ifed with the and that death occurred at 224 AM. From the causes and on the date stated above. 66 saw the deceased alive on 22a, SIGNATURE 22b. DATE/SIGNED ATTENDING MED. DIRECTOR STAFF M.D. HOSPITAL FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS should be NAME (Type) director, DATE THERED NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) PARK BURIAL 8/24/66 HAVEN MEM'L BURNEE MO. 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE BURNIE, SINGLETON VR A15 (4) 20M 1/65



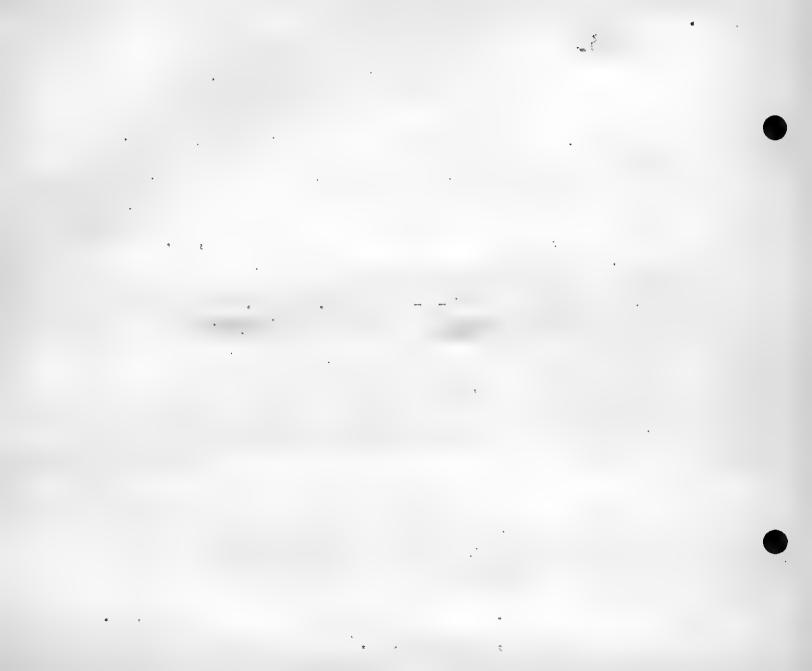
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10904 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 36 Annapolis
d MAME OF HOSPITAL OR INSTITUTION (If not in hospitot, give street oddress) Annapolis d. STREET ADDRESS ON A FARM 302 N. Glen Ave.. Anne Arundel General Hospital No. Midd e 3. NAME OF 4 DATE First Year DECEASED (Type or print) OF DEATH 19 66 August 30 ROGERS Mildred Anna AGE (In years IF JNDER IF UNDER 24 HRS S SEX 6. COLOR OR RACE B. DATE OF BIRTH 7 MARRIED **NEVER MARRIED** lost berthdoy) Months Hours White Female WIDOWED 10g USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 8IRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT COUNTRY? WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS! PERFORMED? YES KT NO ģ 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (Stote) 20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED (City or town) (County) factory, street, office bldg., etc.) Hour o.m. Not While of work TO FUNERAL DIRECTOR: After , 1966, that (I) (304 last 19667 10 21. I certify that (I) (thischespital) attended the deceased from be retained saw the deceased alive on\_Aug. 30 1966... and that death accurred at M, fram causes and on the date stated above. 22b. OATE SIGNED 22o, SIGNATURE STAFF PHYS. M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN S ethored NAME (Type GEN HAN director, NAME OF CEMETERY OR (REMATOR) (Stote) **BUR AL, CREMATION** DATE THEREO BY REGISTRAR 25b. REGISTRAR S SIGNATURE PUNERAL DIRECTOR 1966



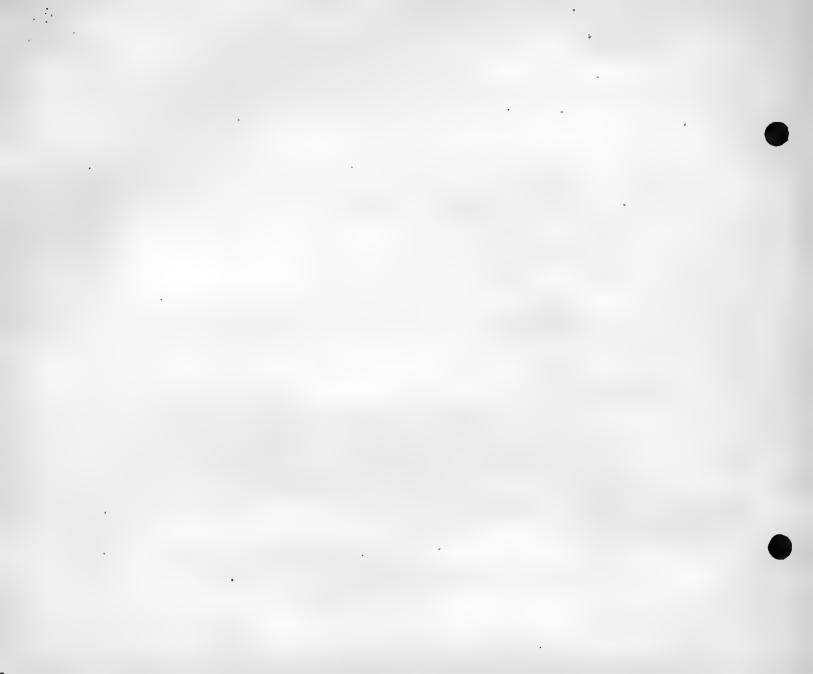
1	Division of	**	IARYLAND STATE DEF			YLAND 21201
	10905	tem #~ Film	CERTIFICATE	OF DEATH		10896
Ī	o. COUNTY Anne Arun	de1	MARYLAND	2 USUAL RESIDENCE (V o STATE	Where deceosed lived, if instit b. CO	unt on Residence before admission)
	b CITY DR TDWN (If outside corpo write RURAL and give neores)		C LENGTH OF STAY IN 16		tside corporate limits, write R	RURAL and give nearest town)
	d NAME OF HOSPITAL OR INSTITUT			d STREET ADDRESS  15 - 5	8th St., N. E	e IS RESIDENCE ON A FARM? YES NO
2	D. C. Childre	n's Center	HOSPITAL II	Lost	4. DATE Mc	onth Doy Year
-	DECEASED (Type or print)	Bobby	Gene	Royal	OF DEATH Augu	
5	SEX 6 COLOR OR			DATE OF BIRTH	9 AGE (In years	IF UNDER I YEAR   IF UNDER 24 HRS
	Male Neg	ro WIDOWED	D VDRCED	10-17-51	ost birthdoy)	Months Doys Hours Man.
d	o USJAL OCCUPATION (Give kind of viring most of working life, even if retinantianali	red)   INC	D OF BUSINESS OR BUSTRY	, ,	& State, or foreign country)	12 CIT ZEN OF WHAT COUNTRY?
1	FATHER'S NAME	74-50		14. MOTHER'S MAIDEN N		USA
	James A. R. S. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16 S	OCIAL SECURITY NO. 17 IN	Martha (	O. Royal	dress
ļ	res, no, or unknown) (If yes give wor No	or doles at service	Ch	ildmanla Ca	nter Hospital	7 7 443
-	18 CAUSE OF DEATH (Enter OF	y one couse per line for ( D BY. ATE CAUSE (o)A	o), (b), and (c)) spiration pneur			INTERVAL BETWEEN  1 ONSET AND DEATH  1 day
	Conditions, if any, which gave	DUE TO (b) Me	ental retardati	ion (Schilde	er's disease)	Since birth
	nse to immediate couse (a), stating the underlying couse (	DUE TO				Since of the
	last.	(c)				Lan Harry Topicy
AHUN	PART II OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
WHO IS CONTINUED IN	200 ACCIDENT WAS UNDERLYING D OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMI	ATH	CRIBE HOW INJURY OCCURRED (I	Enter noture of injury in I	Port I or Port II of Item IB.)	
MFDILA	20z TIME OF INJURY Month, Do Hour o.m. p.m.	y, Yeor 2Dd IN. While 19 of work	- New While - forto	E OF INJURY (Home, form ry, street, office bldg., etc.)		(County) (State)
	21. 1 certify that (1) (	this haspital) attend	ed the deceased fram <b>J</b>	me 13,1	9_66, to August	12, 1966, that (I) (we) las
		e on August	219_66_, and that	deoth occurred at	LO: 15 Matrom couse	12, 1966, that (I) (we) last ond on the dote stoted above
	220. SIGNATURE	05	oues. MD		MED. STAFF DIRECTOR X PHYS.	22b. DATE SIGNED August 12, 1966
	22c PHYSICIAN'S NAME (Type) GEOR	GE T. ECONOM		22d. ADDRESS		spital, Laurel, Mo
2	CEURIAD CREMATION, 23b REMOVAL (Specify)	DATE THEREOF	23c. NAME OF CEMETERY OR C		23d LOCATION (City or	Town) (County) (State).
	4. FUNERAL DIRECTOR	13-66	ADDRESS	25ai RECD	BY REGISTRANGE 25by	REGISTRAR SIGNATURE
	11011 120	200 1.21	-1-0	ALLA AUG	T ( 1200 ) 1/2	Though and



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
hours after death.  The by the funeral st. Pages 1 and 2 in hours after death.	1000s CERTIFICATE OF DEATH 10897
rer dean	1. PLACE OF DEATH Anne Arundel County a. COUNTY CROWNSVILLE MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admined as STATE ARYLAND D. COUNTY A A A A A A A A A A A A A A A A A A A
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDE! ON A FARM
	CROWNSVILLE STATE HOSPITAL MODG BALTD-ANNAY BLY DI YES DINO
)	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) GEORGE CHARLES SHEPPARD DEATH \$200 19 6
	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. ACE (In years If UNDER 1 YEAR IF UNDER 24)  WIDOWED DIVORCED 4-18-18-98 (8) yrs.  WIDOWED DIVORCED 4-18-18-98 (8) yrs.
	10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired)   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	Sheet Notal Worker Retired Philadelphia Pa USA  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. MOTHER'S MAIDEN NAME  16. MOTHER'S MAIDEN NAME  17. MOTHER'S MAIDEN NAME  18. MOTHER'S MAIDEN NAME  18. MOTHER'S MAIDEN NAME  19.
	JOHN SHEPPARD ANNA Rati
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address (Yes, no, or unknown)   (If yes give war or dates of service)
	Yes WW1 705-07-2378 Mrs. Ellen M. Sheppard, same as 2
	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART J. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART J. DEATH WAS CAUSED BY:
	Conditions, If any, which ) DUE TO HEART FAILURE.
	gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  JEN. ARTERIC X LEPERIS
	SCHEONIC BRAN SYNDROME SEC. CEPEBRAL ARTERIOSCLEROMES   NO
-	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  GOR CONTRIBUTING   CAUSE OF DEATH  GOR CONTRIBUTING   CAUSE OF DEA
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State factory, street, office bldg., etc.)   20f. (City or town)   20f. (City
	21. I certify that (I) (this hospital) attended the deceased from 8-1, 1964 to 8-70, 1964 that (I) (we)
	saw the deceased alive on 1900, and that death occurred at M, from the causes and on the date stated about 1900 and that death occurred at M, from the causes and on the date stated about 1900 and 1900
	22a. SIGNATURE    LUNG   MED.   STAFF   22b. DATE SICNED
	22c. PHYSICIAN'S L. BENETHE M. 1) 22d. ADDRESS NAME (Type) L. BENETHE M. 1)
	23a. BURIAL, CRÉMATION, 23b. DATÉ THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial 24 Aug. 66 Baltimore National Baltimore Mil. 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR 25b. REC'STRAR'S SICNATURE
	Kirkley Funeral Home, Glen Burnie, Md. DATE AUG 23 1966 Actionles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE MARYLAND b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b hours BROOKLYN .= d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ND 54 within 3. NAME OF First Middie DATE Month Day Last 2 ~ HERS AS EU DF 8 (Type or print) DEATH Hari 19 66 executed 5. SEX 6. COLOR OR RACE AGE (in years | IFUNDER 1 YEAR | IF UNDER 24 HRS 8 8 8. DATE OF BIRTH 5 1. MARRIED NEVER MARRIED [ last birthday) Months Days Hours and any WIDOWED AZ DIVORCED [ physician in please n 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY CDUNTRY? . 8,7. certificate 13. FATHER'S NAME геттоуа attending parmit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (Yes, no, or unknwn) (If yes give war or dates of service) and CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial-t burial, DUE TO Conditions, If any, which peen gave rise to immediate 라라 DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate For u NO JF YES 20a. ACCIDENT WAS UNDERLYING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) 70 MIDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) det factory, street, office bldg., etc.) Hour a.m. After While not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: Jage 3 should lifed with the 66, and that death occurred at 11-2M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED **6** 8 ATTENDING PHYS. STAFF PHYS. page DIRECTOR TO FUNERAL I director, pag should be fill 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. 23b. 23d. REMOVAL (Specify) lest ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR AIS 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 11899 10908 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) COUNTY b. COUNTY ARUNDEL ANNE MARYLAND MARYLAND MONTGOMERY Ě b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) KETHESDA (TEORGE MEADE d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION
9800 SALAGE ROAD d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5803 GREEN TREE RD. YES NO D NAME OF First Middle 4. DATE Doy Month Year DECEASED ALBERT LVERSTER (Type or print) DEATH HUEUST 1966 5. SEX 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED 8. DATE OF 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS Months Doys MALE DIVORCED [ C'AUCHUSI AN WIDOWED [7] yrs. 100. USUAL OCCUPATION IG ve kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) OF. DEFENSE HOMINISTRATOR UNITED WASH INGTON 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 100 AI BEIZT Sm ALL WEBSTER FISHE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 577-01-9843 RECORDS PERSONNEL ΝÕ 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) MYOCARDIAL INFARCTION 431 **DUE TO** ARTERIOSCIERCTIC CARPIDVASCULAR Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the under-8 lying couse lost. (c) CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 国 YES NO IR 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, [Enter noture of injury in Port II or Port II of item 18] [I 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c TIME OF INJURY Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg , etc.) While Not while at work of work NONE , 19 , to NONE\_\_\_\_, 19\_\_\_\_,that I last saw the deceased 21. I certify that I attended the deceased from... , and that death occurred at 2 M, from the couses and on the date stated above. ADDRESS (Street, city or lown, state) **DATE SIGNED** ACTUAL ğ 0 PHYSICIAN'S NAME (Type) FRANCIS C. KIRCHNER. M.D. FT. GEORGE G. MEADE, MARYLAND 09 AUG 66 22b. DATE THEREOF 220 BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stole) 8/12/1966 Rock Creek Cemetery Washington D. C 23 FMNERALDIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D.BY REGISTRAR 24b REGISTRAR'S SIGNATURE Bethesda, Maryland 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 after death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Anne Arundel MARYLAND Marvland Anne Arunde b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b 24 hours Millersville Baltimore filled | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM? ithii Knollwood Manor Nursing Home 1521 S. Hanover NO THE YES within etely 3. NAME OF DECEASED First Middle Last DATE Month 4. Day Year OF Zar a Edna (Type or print) M . Staffer DEATH 1966 executed AGE (In years IF UNDER last birthday) Months 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR HE UNDER 24 HRS renfove 8. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED May 17, 1893 WIDOWED DE DIVORCED | Female White ⊆ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease death certificate be during most of working life, even if retired) At Home Housewite 13. FATHER'S NAME remova Benjamin F. Russell Cole 15. WAS DECEASED EVER IN U.S ARMED FORCES? the attend it permit. 16. SOCIAL SECURITY NO. INFORMAN' Address 5 (Yes, no, or unkown) [(If yes give war or dates of service) No cremation, Mrs. Naomi Smith Ashington Rd. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN burial-transit burial, cramat requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed | DUE TO Cenditions, If any, which (b) been gave rise to Immediate as the l DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health p PERFORMED? NO [ YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, I 20f. (City or town) (State) (County) be de State I factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. ( cint 19.66. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the and that death occurred at 12 VM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING STAFF acar M.D. DIRECTOR HOSPITAL FUNERAL TO FUNERAL director, p should be f 22C. PHYSICIAN'S 22d. **ADDRESS** BURIAL, CREMATION. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. 23b. 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial 16 1966 Glen Haven Glen Burnie 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR Mc Cully 130 E. Fort Ave VR A15 (4) 20M 1/65



	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	10940 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10901
HEALTH DEPTE	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY a. STATE b. COUNTY
855 F.E	MARYLAND MARYLAND
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Depar after	d. NAME/OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
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	15. WAS DECEASED EVER IN U.S. ARMEOFORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, 70, or unknown) (If yes give was or dates of service) 164-07-4463 CHESTER STRAUSS PHICA. PENN.
within pencil is miner's permit, removal,	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]
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EXAMINER the certifica the certifica the should be fit files. CTOR: Page designated	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
the star far far far far far far far far far f	CHIEF MEDICAL EXAMINER
MEDIS tecute the Page 4 for your to DIRECT or its dor its do	ACTUAL SIGNATURE M.O. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
> × × × ≤ ∈	EXAMINER'S NAME (Type)  Address (Street, city, town, or county)  8/33/66
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VR A.5ME (5)	JOHN M. TANIOR. SONS AUNAPOLIS MD DATEAUG 26 1966 Icharles Judge
5M 1/65	MAN LI WILLY ASPO MANAGED AND INCHES



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10902 CERTIFICATE OF DEATH 10911 death requires that the death certificate be executed within 24 hours after death. and completely filled in by the funeral love carban papers Pages I and y event, within 72 haurs after qear PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Anne Aruhdel Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ¿ LENGTH OF STAY IN 16 c (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - Edgewater 1 day Annapolis d NAME OF HOSPITA, OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Rt-4. Box-696 Anne Arundel General Hospital YES NO K 3 NAME OF Middle Lost Month Year Doy DECEASED OF DEATH SUITE 19 66 August Lottie Marian (Type or print) IF UNDER TYEAR IF UNDER 24 HRS. S. SEX 6 COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH AGE (in years 7 MARRIED last birthday) Hours WIDOWED 177 DIVORCED Feb. 1, 1891 White Female. 10o. USUAL OCCUPATION (Give kind of work done tOb. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working ite, even if refired) COUNTRY? INDUSTRY Maryland Beach desort Annapolis

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5 minutes PART .. DEATH WAS CAUSED BY. Shock IMMEDIATE CAUSE (a) be retained by the hospital or attending physician. **QUE TO** Gram-negative septicemia 4 hours? Conditions, if any, which gave ase to immediate cause (a), DUE TO stating the underlying cause as the prior tal O FUNERAL DIRECTOR: After this certificate has been Ruptured gallbladder days WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) be detached far use State Dept. of Health Obesity YES X NO 200 ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City ar tawn) (County) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office blda., etc.) Not While at wark at work 21. I certify that (1) (1988) (1988) attended the deceased from 24 August, 1966, to Aug. 25, 1966 that (1) 100e) last saw the deceased alive an Aug. 25, 19 66 and that death accurred at M. from causes and an the date stated above. 22b. DATE SIGNED 22g. SIGNATURE STAFF PHYS. MD OIRECTOR 27 Aug. 1966 director, page shauld be filed 22d. ADDRESS South River Medical Center 22c. PHYSICIAN'S NAME (Type) Charles W. Kinzer, M. D. Edgewater, Maryland 21037 23a BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) Hallows Cemeter v Aug. 29.1966 Birdsville 2Sb. REGISTRAR'S SIGNATURE 2Sa REC'D BY REGISTRAR nopping Miarles 1966 AUG Hopping Funeral Home 20 M 1/66 Annaholis



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21. I certify that (I) (this hospital) attended the deceased from	Hour a.m. While Not While	factory, street, office bldg., etc.)	(20010)
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22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS  23d. LOCATION (City, town or county)  25e. Rec'd by Registraar 25b. Registraar's SIGNATURE		, ,	22b. DATE
NAME (TYPE)  Sylvia N., R., R., R., R., R., R., R., R., R., R	Sylvin M. Lu		3/23/66 SIGNED
18. BURIAL, CREMATION, 28b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county)  18. BURIAL, CREMATION, 28b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 28b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 28b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 28b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 28b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 28b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 28b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 28b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 28b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 28b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 28b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 28b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 28b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 28b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 28b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 28b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 28b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATION, 28b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY  18. BURIAL, CREMATORY  18. BURIAL, CREMATORY  18. BURIAL, CREMATORY  25c. REC'D BY REGISTRAR 25b. REGISTRAR		22d. ADDRESS	1 21 17 1
DEMOVAL (Specify) 8-24-66 MAYO MEMORIAL MAYO H.H. MD.  APPRENT APPRENT 250. REC'D BY REGISTRAR' 250. REGISTRAR'S SIGNATURE  APPRENT AP	- Ayivia M. INI	M, K+11008244	- the every hed
LI MAN S. F. MAN AUG 26 togg Office Of Our		F CEMETERY OR CREMATORY 23d. LOCATION (City.	town or county (Slete)
LI MAN S. F. MAN AUG 26 togg Office Of Our	BURIAL 8-27-69. 17H	TO MERICKITIC MAYO	MANUEL SIGNATURE
Line of the state	APPRESE DIRECTOR'S SIGNATURE APPRESE	AUC 9 R kock	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10913 10904CERTIFICATE OF DEATH in by the funeral ers. Pages 1 and 2 death requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 1. PLACE OF DEATH o. COUNTY **b** COUNTY Anne Arundel Marvland Anne Arundel MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (if autside carparate limits, ////// Glen Burnie B. IS RES DENCE ON A FARM? d. NAME OF MOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS North Arundel Hosp 804 Glenview Ave. S/W YES NO X 8 WITHIN NAME OF Pou Middle Lost 4 DATE Month Year Day DECEASED TEPPER. 21 1966 FREDERICK Α. Sr. August event. (Type or print) DEATH S SEX AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 19st birthday) Manths Haurs Days signed by the attending physician and co burial-transit permit. Then please remai burial, crematian, or remaval, and in any Malm White Sept. 16.1909 WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or Foreign country) 12 CITIZEN OF WHAT 10a USUA. OCCJPATION (Give kind of work done 106 KIND OF BUSINESS OR COUNTRY? duting most of working life, even if retired) INDUSTRY . Public Wks. Baltimore, Maryland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME L.C. Tepper Emma A. Bussev WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no or unknown) (If yes give war or dotes of service) 217-16-6673 Mrs. Grace M. Tepper (wife) Same as #2 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per lipe, for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) DUE TO Conditions, if only, which gove rise to immediate cause (a), DUE TO stating the underlying couse as the priartal has been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? detached far use te Dept. af Health NO X YES T DIRECTOR: After this certificate be retained by the haspital ar 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20o ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) TIME OF INJURY Manth, Day, Year Not While foctory, street, office bldg., etc.) at wark 2). I certify that (I) (this hospital) attended the deceased from 19/e/, that (I) (we) last 1966, and that death occurred at 23 FM, from causes and on the date stated above. saw the deceased alive and DATE SIGNED 220 SIGNATURE ATTENDING MED. DIRECTOR M.D. PHYS 22d \_ADDRESS 22c. PHYSICIAN S TO FUNERAL director, po should be f NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BUR AL, CREMATION, REMOVAL (Specify) 25,1966 Glen Haven Memorial Pk. Glen Burnie. Maryland 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) AUG Mary 1 PMId 1966 20 M 1/66 Glen Hurnie. Richard V. Sinnleton

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10905 CERTIFICATE OF DEATH 10914 requires that the death certificate be executed within 24 haurs after death. I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY ANNE ARUNDEL MARYLAND ANNE ARUNDEL. MARYIAND campletely filled in by the lave carban papers. Pages CLENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate imits, GEO G MEADE town) 10 days ODENTON d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? KIMBROUGH ARMY HOSPITAL 1474 BUERGER STREET YES NO X M ddle carban NAME OF First 4. DATE Month Last Dov Year DECEASED HERMAN CARL TURBUMBR AUGUST 23 66 Type or print) DEATH I IF UNDER 24 HRS S SEX 6 COLOR OR RACE DATE OF BIRTH IF JNDER I YEAR 7 MARRIED AGE (In years **NEVER MARRIED** lost partidoy) 23 June 1880 WHITTE MALE WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Saalfeld, Germany Retired USA None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TREUNER MARIE RIEMAN 16. SOCIAL SECURITY NO 17 INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If ye 214-48-2471 Herman Treuner, Jr. (same as item #2) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per une for (o), (b), and (c)) signed by the burial-transit PART I. DEATH WAS CAUSED BY CEREBRAL ARTERIOSCLEROSIS DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse as the priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PEREDRIMED? Acute pulmonary edema, arterioscleratic heart disease YES A NO TO FUNERAL DIRECTOR: After this certificate j 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While at work of work 21. I certify that (1) (this haspital) offended the deceased fram... 13 Aug 1966, to 23 Aug , 19 66 that 10 (we) last 19.66, and that deoth occurred at 8:30 M, from couses and on the date stated above. saw the deceased alive on 23 Ana 220 SIGNATURE 22b, DATE SIGNED ATTENDING director, page 3 should be filed v DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) BERNARD T. KRAVITZ. CPT.MC KIMBROUGH ARMY HOSP.FT GEO G MEADE.MD 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 230 BURIAL, CREMATION, REMONATION Aug. 26. 1966 BALTIMORE NATIONAL CEM. BALTIMORE. MARYLAND 24. FUNERAL DIRECTOR S. Wade, 550 Wash. Blvd., Laurel, Maryland 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10916 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY Page o STATE b. COUNTY 0 4 ARCO after death. MARY, AND b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CIY OR TOWN (If outside corporate ...m.ts, write RURA, and give nearest town) write RURAL and give nearest fown) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? haurs 2103 DORSCY Rd ARUNDEL NO K 3 NAME OF Middle 4. DATE Month Dov Year DECEASED Eden OF 8 FURNER ž within (Type or print) 66 19 DEATH with 1 S SEX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR 7 MARRIED NEVER MARRIED FT IF UNDER 24 HRS. birthdoy) Months Dovs Hours 8/23/189 WIDOWED DIVORCED 24 haurs event tem 1 100 US\_AL OCC\_PATION (Give kind of work done-10b KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 GITIZEN OF WHAT felleven if retired) INDUSTRY 13 FATHERS NAME 14 MOTHER'S MAIDEN NAME penci and WAS DECEASED EVER IN U.S. ARMED FORCES? Brother permit. remayal, (It yes awa-wor or dates of '-09<u>-</u>33881 CAUSE OF DEATH (Enter only one couse per I no for (6), (b). INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY Б IMMEDIATE CAUSE (o) certificate shauld ward crematian, DUE TO 50MINS Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse o used as burral, c lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? ₽ YES NO 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of many in Port or Port L of item 18.) 3 should agent, prior PRIMARY ☐ or CONTRIBUTING ☐ shauld AL EXAMINER: CAUSE OF DEATH 20c. TIME OF NoRY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. may be retained for your FUNERAL DIRECTOR: Page Not While foctory, street, office bldg., etc.) of work 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection -Inquiry and in my opin on Natural causes death resulted from Accident Suicide [ Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) 230 BUR AL, CREMATION DATE THEREOF 23d LOCATION (City or Town) (County) 0 2So. REC'D BY REGISTRAR 25h REGISTRAK'S SIGNATUR VR A15ME



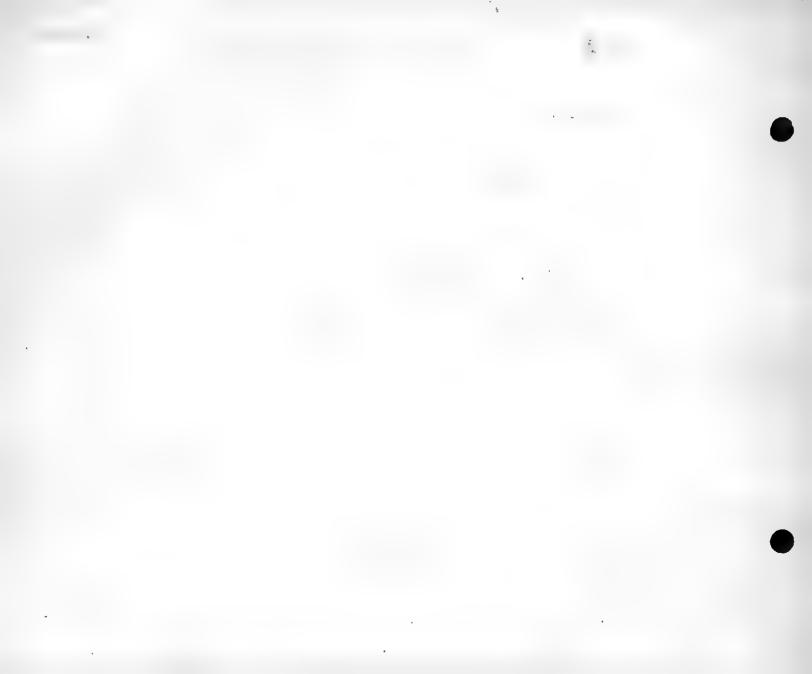
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O HOSPITAL Page & may	or Function of created by the thosp director, page 3 should be detached should be filed with the State Dept. of	238	BURIAL CREA	MATION, 23 ecify)	b. OATE T	HEREOF	230	c. NAME O	FCEMETERY	OR CREA	MATORY	230		TION (City,	, town or o	ounty)	(S1	tate)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH Hrunde a. COUNTY a. STATE MARYLAND b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN gutside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town NOW BURLEY d STREET ADDRESS d NAME OF HOSP TAL OR INSTITUTION (If not in haspito, give street address) IS RESIDENCE ON A FARM? Drons Will NO [ YES 3 NAME OF Middle Last 4. DATE Day Year DECEASED OF DEATH 6 (Type or print) S SEX DATE AGE 5 COLORLOR RACE 7. MARRIED NEVER MARRIED OF BIRTH (In years birthdoy) last Manths Days Haurs WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) eose INDUSTRY COUNTRY 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova the ottending the sit permit. Then IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (if yes give war or dates af service -07 burial, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (b), (b) and (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by **DUE TO** Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying cause hos been os the last. 19. WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS GIVEN-IN PART 1(6) NO T O FUNERAL DIRECTOR: After this certificate ٥ 200. ACCIDENT WAS UNDERLYING E HOW INJURY OCCURRED (Egyer nature of injury in Port I or Port II of Item 18.) letoched f e Dept. of k OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City ar tawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, affice bldg., etc.) Hour am. 21. I certify that (I) (this haspital) attended the deceased from 2014 June, 1966, 10 Hucult 1966, that (1) (we) lost director, page 3 such saw the deceased alive an 45/Hugust 1966, and that death accurred at ISA M, from causes and an the date stated obove. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING W M.D. DIRECTOR PHYS PHYS 22d. ADDRESS PHYSICIAN'S NAME (Type) 23d LOCATION (City or Town) 23a. BUR AL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) Ballo week REC'D BY REGISTRAR 1968 FUNERAL DIRECTOR **ADDRESS** /2Sa VR A15 (4) 20 M 1/66



1 4		PARTMENT OF HEALTH  W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		CERTIFICATE OF DEATH 10909
HEALTH DEPT.	1. PLACE OF DEATH  o. COUNTY A A CO - MARYLAND	2 USUAL RESIDENCE (Where deceosed lived, f institution: Residence before admission) o. STATE HO b. COUNTY ANCO.
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death If any de Pages 1, 2, ge with form PM3 e State Departmen 72 haurs after De	O.U.A - KOX/h. AKUNDEL-flosp.	d. STREET ADDRESS  ROJF < , 2 - 1304 3CS  0 IS RES, DENCE ON A FARM? YES NO
deaf e Pa with		Lost 4. DATE Month Doy Year OF DEATH 8 21 19 CC
hours after Item 18 Giv Office alang and 2 with	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED   8  WIDOWED DIVORCED   100 USUAL OCCUPAT ON (Give kind of work done 100 Kind of Business or	8. DATE OF BIRTH  5/13/10  9 AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS  Months Doys Hours Min  11 BIRTHPLACE (State or foreign country)  12. C TIZEN OF WHAT
thin 24 ho note in the runer's Off pages 1 of in any ev	during most of working if the even if retired)  GUARD  GUA	MARYLAND USA
l withir n penci Examın File pa	WILLIAM M. VOGTMANN	VALARIE ZENNOG
scuted wi ang" in pe dical Exa ermit. File aval, and	(Yes an or unynown) (Iff we give was as dates of service)	INFORMANT Address 21122 ERALDINE VOGTMANNRT. & PASADENA MD XXX
INER: This certificate shauld be executed within 24 hours be certificate, writing the ward "pending" in pencil in 14em 1. should be farwarded to the Chief Medical Examiner's Office files.  3 should be used as a burial-transit permit. File pages I and the prior to burial, cremation, or removal, and in any event	18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b) and (c).)  PART DEATH WAS CAUSE BY  IMMEDIATE CAUSE (o).  Conditions, if any, which gave rise to immediate couse (o). Stoling the underlying couse (c).	DETWEEN ONSET AND DEATH
nis certif tre, writi farwar pe used o	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19 WAS AUTOPSY PERFORMED? YES NO
AMINER: This the certificate, at shauld be faur files. ge 3 should be agent, priar to	PRIMARY 🗆 or CONTRIBUTING 🗆 CAUSE OF DEATH.	(Enter noture of injury in Port I or Port II of Item 18)
	pm. 19 of work L of work L	CE OF INJURY (Home, form tory, street, office bldg, etc.)  20f (City or town) (County) (State)
MEDIC please directo retained DIRECT ts desig	21. I certify that I took charge of the remains described above, heldeath resulted from Nordral causes, Accident, Suici	
TO DEPUTY necessary, the funeral 5 may be to FUNERAL Health or to	230 BUR AL (REMAT ON, REMOVAL (Specify) 8/24/66 LOUDON PARI	CREMATORY 23d LOCATION (City or Town) (County) (Stote)  K CEMETERY BALTIMORE, MARYLAND
VR A15MF (5)	24. FUNERAL DIRECTOR HOWARD H. HUBBARD 4107 WILKENS AVE. 2122	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLA CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ANNE ARUNDEL ANNE ARUNDEL **MARYLAND**  CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 15 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) þ hours oon papers. Pag within 72 hours GLEN BURNIE (Glen Burnia)

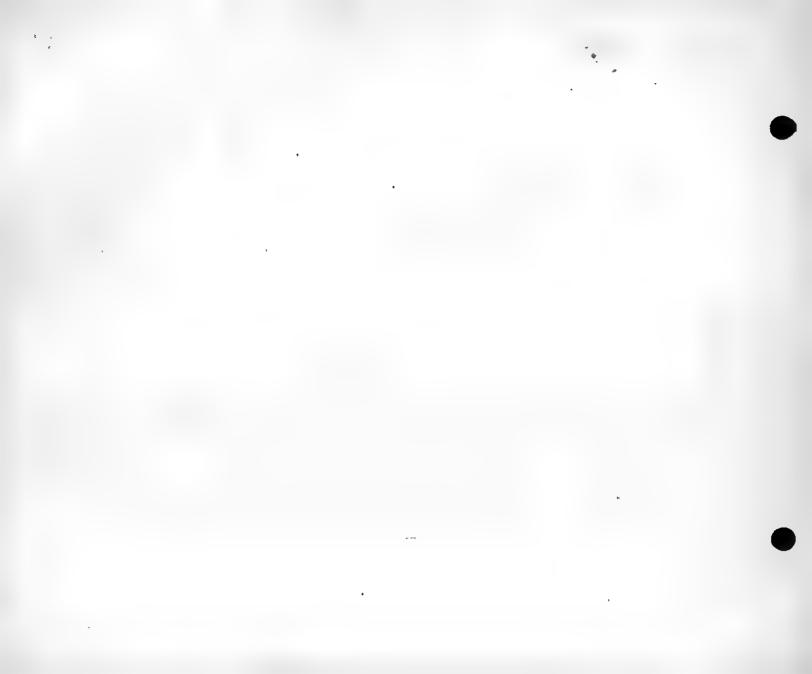
e. IS RESIDENCE
ON A FARM? FERNOALE .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS 212 S. HOLLINS NORTH ARUNDEL HOSPITAL FERRY RD. NO C i and completely fi remove carbon pa n any event, within executed within NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) HELEN NAOMT DEATH WAGNER AUGUST 19 66 6. COLOR OR RACE | 7. MARRIEDY 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HR\$ 8. NEVER MARRIED last birthday) Months Days Hours WIDOWED [ DIVORCED [ FEMALE MAY 1900 66 ermit. Then please re 10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? death certificate be during most of working life, even if retired) INDUSTRY HOUSEWIFE DWN HOME ANNE ARUNDEL CO. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM T. DOWNS AMANDA V. CONNER d by the attend transit permit. cremation, or n 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) NONE MR. ALBERT H. WAGNER SAME AS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) rise to immediate **DUE TO** cause (a), stating the ö underlying cause last. as (c). CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMED? NO V YES 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached f te Dept. of OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. After While Not While O HOSPITAL OR ATTENDING Page 4 may be retained by be Stat 19 at work at work ould FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from 1966, that (i) (we) last 0 and that death occurred at 7 saw the deceased alive on P.M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF M.D. PHYS PHYS. PHYSICIAN'S 22c. ADDRESS 22d. director, p NAME (Type) 210 014 I<u>enas Saulymas</u> Annanolis Rd. Rerndale 23d. LOCATION (City, town or county) BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 2 REMOVAL (Specify) BURIA .1966 ARUNDEL REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 1966 VR A15 (4) R.V. SINGLETON GLEN BURNIE. MD. 20M 1/65



1 0/	MARYLAND STATE DEPARTMENT OF HEALTH	part (Ploy)
1		DRE 1, MARYLAND
P 25	10923 CERTIFICATE OF DEATH	10911
ours afth 2 shou h.	1. PLACE OF DEATH  e. COUNTY  MARYLAND  2. USUAL RESIDENCE Where decessed lived, if in a, STATE  b. COUNTY  b. COUNTY	
24 ho in by if and er deat	b. CITY OR TOWN (if outs'de corporate limits, write when RURAL and give neerest fown)  C. LENGTH OF STAY IN 16  C. CITY OR TOWN (If outside corporate limits, write when RURAL and give neerest fown)	RURAL end give neerest town)
s rages	d. MAME OF HOSPITAL OR INSTITUTION (if not an hospital a ve street address)  d. STREET ADDRESS  130 3 951 140	ON A FARM?  YES NO Z
mplete paper 72 In	3. NAME OF DECEASED (Type or print) (ASED) (1) Middle (A)	19 1966
and con carbon while	5. SEX  6. COLOR OR AACE   MARRIED   MEYER MARRIED   B. DATE OF BIRTH  9. AGE (In yeers bus bushos)  WIDOWED   DIVORCED   5 /6 /19/4   5 /2 /19.	
ysician al	10a USUAL OCCUPATION Give kind of work done during most or working life, even if reflect)	12. CITIZEN OF WHAT COUNTRY?
eath ce Jing ph slease r	13. MATHER'S NAME  14. MONTH'S MAIP IN NAME	b
e attend Then poval, and	15. WAS DECEASED EVER IN C.S. ARMED FORCES? 16 SOCIAL SECURITY NO.1 17 INFORMANT  Address  (Yes, No. of Figure) (Ifyes give were or deless of service)	ans ml.
sician. d by th permit. or rem	18. CAUSE OF DEATH [Enter only one cause per line for (e) (b), and (c).]  PART I. DEATH MASS CAUSED BY:  CAUSE OF DEATH [Enter only one cause per line for (e) (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
sw reguing phy n signe transit mation,	Conditions, if ony, which (b) Metastaries & Vitas Street	trues 14 mas
The last page and a page a purish cre	geve rise to immediate cause (a), stating the underlying cause last.	
ICIAN: spital or lificate lificate or to bu	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	N .N PART I(e) 19. WAS AUTOPSY PERFORMED?
PHYS the hos this cert of for us	20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of tem 18.)  © OR CONTRIBUTING [] CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
NDING ined by E. After detache	20c. TIME OF INJURY Month, Dey, Year Hour e.m. 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) factory, street, affice bldg., etc.)	(County) (State)
ATTEI  be reta  ECTOR  ould be  ate Depi	21. I certify that (I) (this hospital) attended the deceased from . 0 71	, 19, that (I) (we) last
I sho Sta	220. SIGNATURE TO COLO.  ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
HOSPITA  oth. Page  FUNERA  sctor, page  filed with	22e PHYSICIAN'S NAME (Type) A LLEY 22d. ADDRESS Cotton	· F
death. IO FUN director. be filed	230. AURIAL CREMATION, 236. DATE THEREOF 23c. MAME OF CEMETERY OR CREMATORY 230 LOCATION (City, fow CEMOVAL (Specify) \$1,23/66 St. Wigh	les M
VR A15 (4) 15M 7 61	24 NUMERAL DIRECTOR S SIGNATURE)  ADDRESS  ADDRESS  ADDRESS  1250. REC'D BY REGISTRAR 1266. REG  DATE AUG '2 2 1968 /	STEAR'S SIGNATURE
1,31		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10922 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPM 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) o. COUNTY 2, and 3 to PM3. Page b, COUNTY death Anne Arundel MARYLAND Maryland Anne Arundel Degartment b CITY OR TOWN (If outs de corparate timits, write RURAL and give neorest town) c CITY OR TOWN (1 outside carparote limits, write RJRAL and give nearest town) c LENGTH OF STAY IN 16 after Severna Park Glen Burnie Minutes d NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address) & STREET ADDRESS e. S RESIDENCE ON A FARM? hours Item 18. Give Pages North Arundel General Hospital Rt. #1 - Box 414 YES NO X haurs after death 3 NAME OF Middle 4. DATE DECEASED \$ within (Type or print) William ALEXANDER WHITE DEATH 19 66 with S SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE ( n veors IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost by thdoy) Months Dovs Hours Male WIDOWED DIVORCED 10-27-07 Colored Ö 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
State Roads INDUSTRY **COUNTRY?** = Examiner's any 35-25-35-35-35-35-35 U.S.A A.A. Co.Maryland 13 FATHER'S NAME pencil certificate shauld be executed within Arthur White Carrie Watts .⊆ IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address RE1 Bx414 rd "pending" in Chief Medical E 220-05-2645 Mrs Alieen White Severna Park, Md No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN ar rer PART I. DEATH WAS CAUSED BY ONSET AND DEATH Multiple traumatic injuries IMMEDIATE CAUSE (o) s a burial-tra cremation, o writing the ward DUE TO Conditions, if ony, which gave (b) tise to immediate couse (a). DUE TO stating the underlying couse used as burial, c PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? please execute the certificate, NO K agent, prior to 2Do EXTERNAL CAUSE WAS PRIMARY DOOR CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of Item 18.) 3 should STAL EXAMINER: CALISE OF DEATH Pedestrian struck by truck while working on State Road 20c TIME OF INJURY Month Dov. Year 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (Stote) 11:00 asak State Road etc) While of work FUNERAL DIRECTOR: Page 19 66 of work Anne Arundel Md. designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry [7], ond in my opinion death resulted from Accident X Suicide 17. Natural causes Hamicide [ Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** the funeral TO DEPUTY 8-5-66 ь DEPUTY MEDICAL EXAMINER **EXAMINER'S** leoth NAME (Type) RUDIGER BREITENECKER, M.D. Address (Street, city, town, or county) 230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 500 REMOVAL (Specify) 8/8/66 Carpenter Hill Burial Serverna 24. FUNERAL DIRECTOR 250 REC D BY REGISTRAR REGISTRAR'S SIGNATURE Marily VR A15ME (5) AUG 1966 Annapolis. Md C.E. Hicks.111 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10923 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased, lived, funstitution Residence before admission) o COUNTY b COUNTY 6 after death. Department E IENGTH OF STAY IN 16 corporate funits, write RURAL and give nearest town) write RURALL and give e. IS RESIDENCE ON A FARM? (If not in hospital, give street oddress) d STREET haurs Office alang with farm ate YES NO K haurs after death 3 NAME OF Month Doy Year DECEASED OF DEATH within . (Type or print) S SEX COLOR OR RACE DATE AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS Inst hirthdoy) Months Dovs Hours WIDOWED DIVORCED event CN. and 100 USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 C TIZEN OF during most of working te, even if retired) COUNTRY? E-XEC U Chief Medical Examiner's penci 13. FATHER'S NAME be executed within 1 gug 16 SOCIAL SECURITY NO permit remayal CAUSE OF DEATH (Enter only one couse per NTERVAL BETWEEN for (a), (b), and (c)) **burial-transit** PART I DEATH WAS CAUSED BY Б IMMEDIATE CAUSE (o) ward certificate should crematian, DUE TO Conditions, if any, which gove rise to immediate couse (o). DUE TO stoting the underlying couse forwarded QS O lost. burial, nsed 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO the certificate, 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of tem 18) its designated agent, priar PRIMARY Or CONTRIBUTING shauld CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Store) (County) foctory, street, infice bldg., etc.) Hour o.m. While Not While FUNERAL DIRECTOR: Page ot work at work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection [7] Inquiry and in my apinian the funeral directar. deoth resulted from Suicide Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER Ь may Health Address (Street, city town, or county) NAME (Type) BUR AL, CREMATION, (County) 0 ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15ME (5) Charles 1966

MARYLAND STATE DEPARTMENT OF HEALTH



I. PLACE C	F DEATH	· · · · · · · · · · · · · · · · · · ·		<del></del>	100 10	2. USUAL RESIDE	NCE (Where day	nased lived, if it	rstitution: Residence
. coun	NE ARU	NDEL		MARYLA	ND	a. STATE MAR	YLAND	b. COUNT	E ARUNDEL
b. CITY O	TOWN (if	outside corporate limit	5,	c. LENGTH OF STAY	11	c. CITY OR TOWN	(If outside corpo		RURAL end give ne
FT. GE	0. G.			12 HRS.		FT. GEO G.	MEADE		
d. NAME	OF HOSPITA	L OR INSTITUTION (i	f nat in hosp	ital, give street address		d STREET ADDRES		-	` 1
		ARMY HOSPI	TAL			1923-C REE	CE ROAD		-
3. NAME O	ED	First		Middle	-	Last	4. DATE OF	Month	Day
(Type or p		RICKY	_			LIAMS	DEATH	AUG	10
5. SEX MAKE				NEVER MARRIED		DATE OF BIRTH	9.	lest birthday)	Months Doys
	OCCUPATIO	CAUCASIAN	WIDOWED	DIVORCED [		10 1966		O yrs	O O O
done during	most of worki	ing lifa, even if retired	d)		DOSIKI			ore gn country)	
13. FATHER	None			N/A		ANNE ARUND			USA
FREDDI	LIIW 3	IAMS				JUDITH CA			
15. WAS DE	EASED EVER	IN U.S. ARMED FOR	CES?   16. 5	SOCIAL SECURITY NO.	17. IN			Address	
NO NO	akown) (Ify	es give werordates of sa	arvica)	N/A	Jud	ith Callagh	an (moti	ner) Sa	ame #2
			ceuse per li	ne for (e), (b), end (c).]	_		~ ~ ~		INTER
PA		WAS CAUSED BY: MEDIATE CAUSE (a)_	CAR	DIO-RESPIRA	TORY	ARREST			10
		DUE TO							
	ns, if any,		PRE	MATURITY					L
gave rise to immediate cause (a), stating the underlying DUE TO									
Couse le		J (c)_	IIONS CON	TRIBUTING TO DEATH I	UZ NOT	DELATED TO THE TERM	UNAL DISEASE C	ONDITION GIVE	EN IN PART I(a)   19
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OR CON	RIBUT NG [	CAUSE OF DEATH				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	
O IN CHIME	E OF INJURY	Month, Dey, Yes		NJURY OCCURRED   20	e. PLAC	E OF INJURY (Home, fe	rm, 201. (City	or fown)	(County)
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₹ 20c. TIA	p.m.				[	1500 10 AU	31966., 102	100.10	AUG 19.66, the
ZOc. TIA		at (I) (this hospit							nd on the date
20c. TIA He	ertify tha			fed the deceased		eath occurred at	2100, from	the causes a	
20c. TIM He 21. I c saw th	ertify tha	3.0				eath occurred at	2100, from		1.1
20c. TIM Ho 21. J c saw th 22e SiG	ertify that e decease ENATURE	3.0				ATTENDING PHYS.	2100 from	STAFF PHYS.	100
21. I c saw th 22e Sig	ertify the	d alive on 10	AUG	19.66 , and	that d	ATTENDING PHYS.  22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	1080
20c. TIA H- 21. I c saw th 22c SIG	e decease ENATURE (SICIAN'S ME (Type)	d alive on 10  My Work  FRED NOMUR	AUG lenera IA, CAI	1966, and	that d	ATTENDING PHYS.  22d. ADDRESS KIMBROUGH	MED. DIRECTOR  ARMY H	STAFF PHYS. SX	GEO G MEAL
20c. TIA Ho 21. I c saw th 22c. PH NA 23c. BURIAL	e decease ENATURE (SICIAN'S ME (Type)	d alive on 10	AUG lenera IA, CAI	19.66 , and	that d	ATTENDING PHYS.  22d. ADDRESS KIMBROUGH	MED. DIRECTOR  ARMY H	STAFF PHYS.	GEO G MEAL
21. I c saw th 22e Sid	ertify that of deceased in the	d alive on 10  FRED NOMUR  N, 23b. DATE THER  18  18	AUG lenera IA, CA	PT, MC	that d	ATTENDING PHYS.  22d. ADDRESS KIMBROUGI R CREMATORY	MED. DIRECTOR DIRECTO	STAFF PHYS. S  OSP, FT ( TION JCHY, IOW	GEO G MEAI
20c. TIA Ho 21. I c saw th 22c. PH NA 23c. BURIAL	ertify that of deceased in the	d alive on 10  FRED NOMUR  N, 23b. DATE THER  18  18	AUG lenera IA, CA	1966, and	that d	ATTENDING PHYS.  22d. ADDRESS KIMBROUGI R CREMATORY	MED. DIRECTOR DIRECTO	STAFF PHYS. S  OSP, FT ( TION JCHY, IOW	GEO G MEAL

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10915 CERTIFICATE OF DEATH 10925 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)/ PLACE OF DEATH 24 haurs after dea Anne Arundel o. SMaryland BSANTimore City MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)
Crownsville c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 Baltimore 22 days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 502 N. Clinton St. Crownsville State Hospital YES NO X The law requires that the death certificate be executed within 3. NAME OF Middle 4. DATE DECEASED (Type or print) 3-#32768 Lillian Wrede K. 8 19 66 DEATH IF UNDER I YEAR S. SEX 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Ø. last hirthday) Female July 10.1886 by the attending physician and co transit permit. Then please remar crematian, ar removal, and in any WIDOWED X DIVORCED White 10g. USUAL OCCUPATION (Give kind of work done 19b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT physician o during most of working life, even if retired) COUNTRY? INDUSTRY\_\_\_\_ Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin F. Jones Elizabeth Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) ((If yes give war ar dates of service) 213-05-25530 Hospital Records 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p burial, crematia ONSET AND DEATH Pneumonia IMMEDIATE CAUSE (o) (b) Generalized, severe arteriosclerosis(Cerebro-vascular) Conditions, if any, which gave rise ta immediate couse (o), DUE TO stoting the underlying couse as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? has Chronic Brain Syndrome with Psychotic Reaction NO 🖳 TO FUNERAL DIRECTOR: After this certificate the haspital ar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINERT " 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg., etc.) Nat While 1966, to 8/17 21. I certify that (1) (this haspital) attended the deceased fram. \_\_\_\_\_, 19\_55 that (I) (we) last 7/25 19.66, and that death occurred of DSAM, from couses and an the date stated above. saw the acceosed alive on 22b. DATE SIGNED 220. SIGNATURE 8/17/66 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) McHenr Crownsville State Hospital 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY B REMOVAL (Specify) 8/20/66 Oaklawn Cem Balto Md. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR AUG 22 Miarley Judge VR A15 (4) HAR ROLL 1966

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and I	Division of STATISTICAL RESEARCH AND RECORDS.	DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212011 () 9 1 6
		TE OF DEATH
ir death.	1. PLACE OF DEATH  G. COUNTY  ANNE ARUNDET.  MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE PENN b. COUNTY
by the f Pages ours afte	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)  Ft George G. Meade  d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)  Collingdale
in 24 h filled in papers hin 72 h	Building T-928	d. STREET ADDRESS 433 Westmont Drive  0. IS RESIDENCE ON A FARM? YES NO NO
ed with	3. NAME OF DECEASED (Type or print) First Middle DECEASED (Type or print) ROBERT JAMES	1. DATE   Manth   Day Year   OF   DEATH   AUGUST   19   19   66
execute and comp emove	MALE WHITE WIDOWED DIVORCED	22 APR 1927   Best-birthdoy) Months Doys Hours Min.
ate be kion or lease r	10o, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Serviceman  13. FATHER'S NAME	11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Phile Penn  14. MOTHER'S MAIDEN NAME
novol,	Elizabeth Curry	
deoth trending rmit. I	Yes 12/10/46-Present 211-16-0018	Extracted from 201 File by S/Maj Akins, 28 Gen Hosp, Ft Geo G. Meade, Md.
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave  (b)  DUE TO  Conditions, if any, which gave  (c)  DUE TO  Conditions, if any, which gave  (b)  DUE TO  Conditions, if any, which gave  (c)	onset and death
the low required ottending phos been signed to be the blunding the blu	stoting the underlying cause   DUE 10   (c)	Secobarbital
IAN: The loal or ottental or ottentificate has befar use as Health price	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO SEATH BUT NOT COURSE OF CHARLES OF CHARLE	AES ST NO
YSICIAI ospital certific hed fai		ED. (Enter nature of injury in Part I ar Part II of item 18.)
by the hospital by the hospital free this certifical be detached fails for the certifical be detached for the control of the c	Haur o.m., 19 While Nat While of wark	PLACE OF INJURY (Hame, farm, factary, street, office bldg ,, etc.) (City or town) (County) (Slote)
TTENDI Dined b OR: Aff rauld b h the Si		twas Don , 19 , 20x 19 Aug , 19 66 that the last hat death accurred a 9:05 M, fram causes and an the date stated above.
TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us should be filed with the State Dept. of Healt	22a. SIGNATURE 22a. SIGNATURE 22c. PHYSICIAN'S Cyst mo.	M.O. ATTENDING DIRECTOR STAFF RIPHYS. 19 Aug 1966
O HOSPITAL Poge 4 may O FUNERAL I director, pag should be fi	NAME (Type) FRANK URSO, CAPT, MC  23a, BURIAL CREMATION.   23b, DATE THEREOF   23c, NAME OF CEMETERY C	Patholiogist, 1st Army Lab, Ft Geo G.
	REMOVAL (Specify)  BURTAI  24. FUNERAL DIRECTOR  AUGUST  AUGUST  AUGUST  ADDRESS  ADDRESS	
VR A15 (4) . 20 M 1/66	Maroly ( Welly Land,)	cel DATE SEP 7 1966 golianda Junge

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